

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION**

**LADDY CURTIS VALENTINE and
RICHARD ELVIN KING, individually and
on behalf of those similarly situated,
*Plaintiffs,***

V.

**BRYAN COLLIER, in his official capacity,
ROBERT HERRERA, in his official capacity,
and TEXAS DEPARTMENT OF
CRIMINAL JUSTICE,
Defendants.**

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Civil Action No. 4:20-cv-01115

**DEFENDANTS' RESPONSE IN OPPOSITION TO PLAINTIFFS' APPLICATION FOR A
TEMPORARY RESTRAINING ORDER**

EXHIBIT C
ATTACHMENT B

COVID-19 Guidance for TDCJ Facilities

The following documents provide guidance for the management of COVID-19 for TDCJ facilities. Preventing the spread of COVID-19 and preserving essential operational functions is paramount. Guidance may shift as the COVID-19 outbreak evolves.

1. **Attachment A** – COVID-19 Medical Staff Procedures
2. **Attachment B** – Employee and Visitor Sign
3. **Attachment C** – COVID-19 Signs
4. **Attachment D** – Front Gate COVID-19 Health Screening Form
5. **Attachment E** – Employee and Visitor Warning Sign
6. **Attachment F** – Outbreak Procedures
7. **Attachment G** - COVID-19 Alert Stages
8. **Attachment H** – COVID-19 Alert Stages Matrix
9. **Attachment I** - Information for Employees Using Respirators When Not Required Under the Standard
10. **Attachment J** - Offender Intake and Pre-Travel Screening
11. **Attachment K** – COVID-19 for Clinicians
12. **Attachment L** – COVID 19 Resources

Attachment A**COVID-19 Medical Staff Procedures**

Although it is not possible to predict the future course of the outbreak, planning for a scenario in which many persons become ill and seek care at the same time is an important part of preparedness and can improve outcomes if an outbreak occurs. It is prudent to take steps to reduce the chances of introducing the virus onto the prison units, and to reduce the spread of the virus.

The following actions should be implemented immediately:

1. Remind staff and offenders on the methods used to prevent the spread of any respiratory virus. Make sure hand sanitizer and soap are available for handwashing.
 - Wash hands often with soap and water for at least 20 seconds.
 - If no soap and water is available, use hand sanitizer to cleanse hands.
 - Avoid touching eyes, nose and mouth with unwashed hands.
 - Disinfect surfaces and other places touched often.
 - Avoid close contact with people who are sick.
2. Remind staff and offenders to cover their mouths when they cough or sneeze. Cough into a tissue, if available, and dispose of it properly. Otherwise, cough into the inside of your elbow rather than into your hand. This is called cough etiquette.
3. Ensure facemasks are available at triage for patients presenting with COVID-19 symptoms. If possible, symptomatic patients should be kept > 6 feet apart from asymptomatic patients.
4. Post visual alerts (signs and posters) at entrances, in the medical department, and other strategic places providing instruction on hand hygiene, cough etiquette, and symptoms of COVID-19.
5. Staff should wear surgical masks if their responsibilities require them to remain less than 6 feet from a symptomatic individual. Mask, gloves, gowns, and eye protection (face shield or goggles) should be worn when examining or providing direct care to offenders with suspected or known COVID-19.
6. Resume screening for ill visitors and staff who wish to enter the unit. Post signs at entrances, in the medical department, and other strategic places asking these people to identify themselves. If a visitor or employee admits to any of the symptoms, the duty warden or their designee will determine whether the person should be allowed on the unit. (see Procedure for Front Gate Screening)

Cough Etiquette

- Cover your mouth and nose with tissue when you cough or sneeze and dispose of the tissue in a trash can.
- If tissue is not available, cough or sneeze into the inside of your elbow.

COVID-19 Symptoms

- Fever
- Cough
- Shortness of breath

Emergency Warning Signs

- Difficulty breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse

Isolation is for persons who are sick and contagious. Isolation is used to separate ill persons who have a communicable disease from those who are healthy. Isolation restricts the movement of ill persons to help stop the spread of disease.

Medical Restriction is for people who have been exposed to a contagious disease. is used to separate and restrict the movement of well persons who may have been exposed to a communicable disease to see if they become ill. These people may have been exposed to a disease and do not know it, or they may have the disease but do not show symptoms. Medical restriction can help limit the spread of disease.

7. Instruct employees to stay home from work if they are sick. If employees become sick at work, they should be advised to promptly report this to their supervisor and go home. In general, the timetable for returning to work is 7 days after symptom onset **and** 72 hours after resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g. cough, shortness of breath). Staff should refer to their respective employer's specific procedure for obtaining clearance to return to work.
8. Screen new offenders arriving from a non-TDCJ facility upon arrival for symptoms of COVID-19. If they admit to a fever, cough, or shortness of breath, place a mask on the offenders and separate the symptomatic offenders from the rest and have them evaluated by medical as soon as possible. If the offender is suspected of having COVID-19 after the medical evaluation, isolate (single cell) that offender for 7 days after symptom onset **and** 72 hours after resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g. cough, shortness of breath). Medically restrict the other offenders who arrived on the same chain bus until 7 days after their arrival.
9. Incorporate questions about new onset of COVID-19 symptoms into assessments of all patients seen by medical staff. Offenders complaining of symptoms consistent with COVID-19 should be triaged as soon as possible.
10. Cancel all group healthcare activities (e.g., group therapy)
11. If medical detects a case of suspected COVID-19 in an offender who is already in the unit population, the offender should be isolated (single celled) until 72 hours after the fever has resolved. Currently, there is no recommendation to medically restrict (quarantine) close contacts of cases that arise in the general population.
12. If COVID-19 occurs on a unit, post a sign at the entrance, so that high risk people can elect not to enter the unit.
13. Daily reporting of COVID-19 to the TDCJ Office of Public Health (Public.Health@tdcj.state.tx.us) is required.
14. Diagnostic testing should be prioritized based on clinical features and epidemiologic risk.

Clinical Features	&	Epidemiologic Risk
Fever ¹ or signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)	AND	Any person, including health care workers, who has had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset
Fever ¹ and signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)	AND	A history of travel from affected geographic areas within 14 days of symptom onset OR An individual(s) with risk factors that put them at higher risk of poor outcomes
Fever ¹ and signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	AND	No source of exposure has been identified

1. Fever may be subjective or confirmed

2. Adapted Texas DSHS guide to testing

B-14.52 – Coronavirus Disease 2019 (COVID 19)

Attachment B

Employees and Visitors

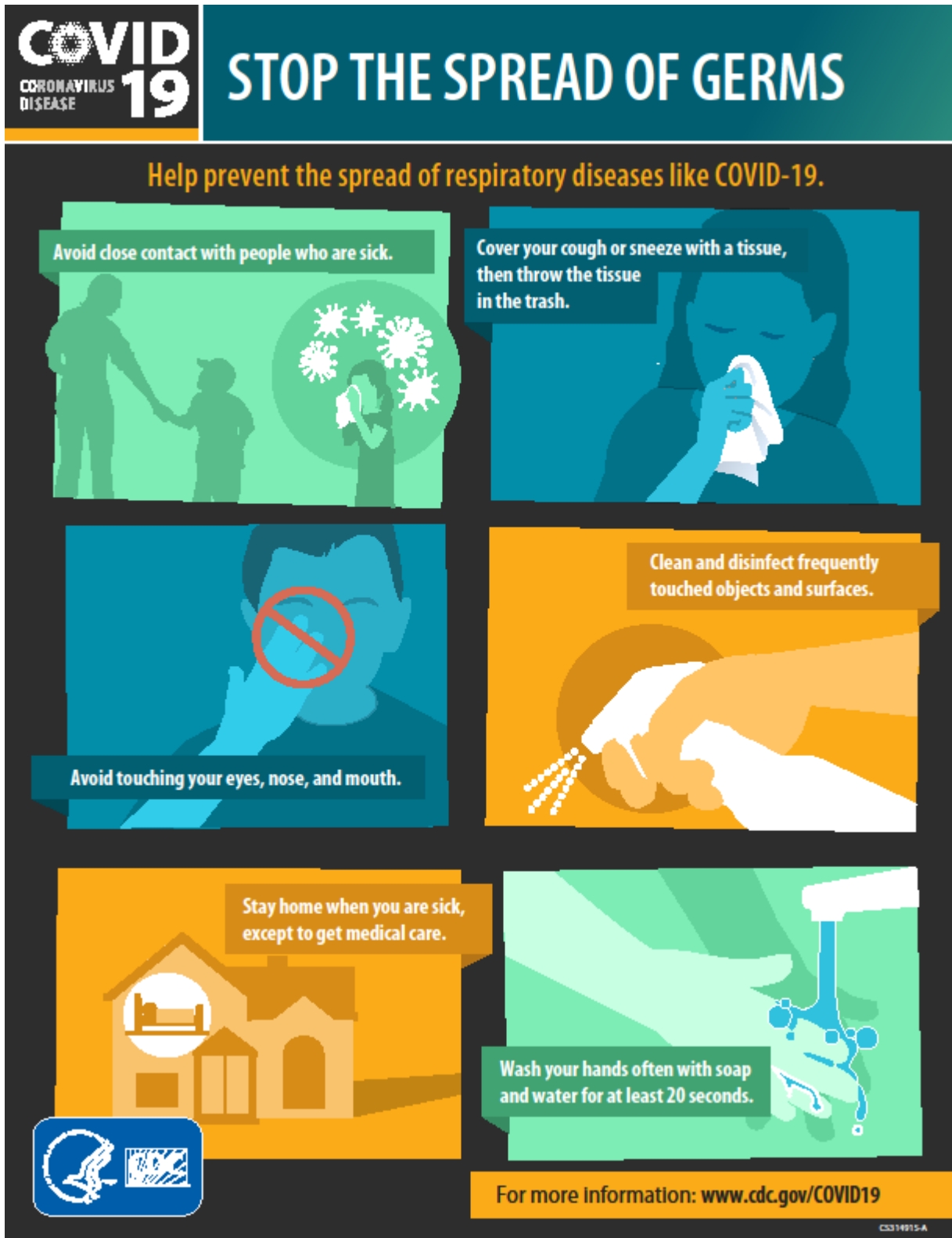
STOP

Because of the current concern about COVID-19 spread, we must ask you the following questions:

- Do you have COVID-19?
- Have you had a fever over 100 degrees in the past 24 hours?
- Do you feel feverish or have chills?
- Have you developed a new cough or shortness of breath in the past 14 days?

If you can answer “Yes” to any of these questions, please let the receptionist know so that a supervisor may determine if you can enter this facility.

Attachment C



COVID 19
ENFERMEDAD DEL
CORONAVIRUS

DETENGA LA PROPAGACIÓN DE LOS MICROBIOS

Ayude a prevenir la propagación de virus respiratorios como el nuevo COVID-19.

Evite el contacto cercano con las personas enfermas.



Cúbrase la nariz y la boca con un pañuelo desechable al toser o estornudar y luego bótelos a la basura.



Evite tocarse los ojos, la nariz y la boca.



Limpie y desinfecte los objetos y las superficies que se tocan frecuentemente.



Quédese en casa si está enfermo, excepto para buscar atención médica.



Lávese las manos frecuentemente con agua y jabón por al menos 20 segundos.





Para obtener más Información: www.cdc.gov/COVID19-es

CS314915-8

Stop Germs! Wash Your Hands.

When?

- After using the bathroom
- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone at home who is sick with vomiting or diarrhea
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage



How?



Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.



Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.



Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.



Rinse hands well under clean, running water.



Dry hands using a clean towel or air dry them.

Keeping hands clean is one of the most important things we can do to stop the spread of germs and stay healthy.

LIFE IS BETTER WITH

CLEAN HANDS



www.cdc.gov/handwashing



This material was developed by CDC. The Life Is Better with Clean Hands Campaign is made possible by a partnership between the CDC Foundation, GOJO, and Staples. HHS/CDC does not endorse commercial products, services, or companies.

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¡Detenga los microbios! Lávese las manos

¿CUÁNDO?

- Después de ir al baño.
- Antes, durante y después de preparar alimentos.
- Antes de comer.
- Antes y después de cuidar a alguien que tenga vómitos o diarrea.
- Antes y después de tratar cortaduras o heridas.
- Después de cambiarle los pañales a un niño o limpiarlo después de que haya ido al baño.
- Después de sonarse la nariz, toser o estornudar.
- Después de tocar animales, sus alimentos o sus excrementos.
- Después de manipular alimentos o golosinas para mascotas.
- Después de tocar la basura.



¿CÓMO?



Mójese las manos con agua corriente limpia (tibia o fría), cierre el grifo y enjabónese las manos.



Frótese las manos con el jabón hasta que haga espuma. Asegúrese de frotarse la espuma por el dorso de las manos, entre los dedos y debajo de las uñas.



Restriéguese las manos durante al menos 20 segundos. ¿Necesita algo para medir el tiempo? Tararee dos veces la canción de "Feliz cumpleaños" de principio a fin.



Enjuáguese bien las manos con agua corriente limpia.



Séquese las manos con una toalla limpia o al aire.

Mantener las manos limpias es una de las cosas más importantes que podemos hacer para detener la propagación de microbios y mantenernos sanos.

LA VIDA ES MEJOR CON LAS

MANOS LIMPIAS



www.cdc.gov/lavadodemanos

Este material fue elaborado por los CDC. La campaña La Vida es Mejor con las Manos Limpias es posible gracias a una asociación entre la Fundación de los CDC, GOJO y Staples. El HHS y los CDC no respaldan productos, servicios ni empresas comerciales.



CS310027-A



What you need to know about coronavirus disease 2019 (COVID-19)

What is coronavirus disease 2019 (COVID-19)?

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China.

Can people in the U.S. get COVID-19?

Yes. COVID-19 is spreading from person to person in parts of the United States. Risk of infection with COVID-19 is higher for people who are close contacts of someone known to have COVID-19, for example healthcare workers, or household members. Other people at higher risk for infection are those who live in or have recently been in an area with ongoing spread of COVID-19. Learn more about places with ongoing spread at <https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html#geographic>.

Have there been cases of COVID-19 in the U.S.?

Yes. The first case of COVID-19 in the United States was reported on January 21, 2020. The current count of cases of COVID-19 in the United States is available on CDC's webpage at <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>.

How does COVID-19 spread?

The virus that causes COVID-19 probably emerged from an animal source, but is now spreading from person to person. The virus is thought to spread mainly between people who are in close contact with one another (within about 6 feet) through respiratory droplets produced when an infected person coughs or sneezes. It also may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads. Learn what is known about the spread of newly emerged coronaviruses at <https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html>.

What are the symptoms of COVID-19?

Patients with COVID-19 have had mild to severe respiratory illness with symptoms of

- fever
- cough
- shortness of breath



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What are severe complications from this virus?

Some patients have pneumonia in both lungs, multi-organ failure and in some cases death.

How can I help protect myself?

People can help protect themselves from respiratory illness with everyday preventive actions.

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.

If you are sick, to keep from spreading respiratory illness to others, you should

- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.

What should I do if I recently traveled from an area with ongoing spread of COVID-19?

If you have traveled from an affected area, there may be restrictions on your movements for up to 2 weeks. If you develop symptoms during that period (fever, cough, trouble breathing), seek medical advice. Call the office of your health care provider before you go, and tell them about your travel and your symptoms. They will give you instructions on how to get care without exposing other people to your illness. While sick, avoid contact with people, don't go out and delay any travel to reduce the possibility of spreading illness to others.

Is there a vaccine?

There is currently no vaccine to protect against COVID-19. The best way to prevent infection is to take everyday preventive actions, like avoiding close contact with people who are sick and washing your hands often.

Is there a treatment?

There is no specific antiviral treatment for COVID-19. People with COVID-19 can seek medical care to help relieve symptoms.

For more information: www.cdc.gov/COVID19



Lo que necesita saber sobre la enfermedad del coronavirus 2019 (COVID-19)

¿Qué es la enfermedad del coronavirus 2019 (COVID-19)?

La enfermedad del coronavirus 2019 (COVID-19) es una afección respiratoria que se puede propagar de persona a persona. El virus que causa el COVID-19 es un nuevo coronavirus que se identificó por primera vez durante la investigación de un brote en Wuhan, China.

¿Pueden las personas en los EE. UU. contraer el COVID-19?

Sí. El COVID-19 se está propagando de persona a persona en partes de los Estados Unidos. El riesgo de infección con COVID-19 es mayor en las personas que son contactos cercanos de alguien que se sepa que tiene el COVID-19, por ejemplo, trabajadores del sector de la salud o miembros del hogar. Otras personas con un riesgo mayor de infección son las que viven o han estado recientemente en un área con propagación en curso del COVID-19.

¿Ha habido casos de COVID-19 en los EE. UU.?

Sí. El primer caso de COVID-19 en los Estados Unidos se notificó el 21 de enero del 2020. La cantidad actual de casos de COVID-19 en los Estados Unidos está disponible en la página web de los CDC en <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>.

¿Cómo se propaga el COVID-19?

Es probable que el virus que causa el COVID-19 haya surgido de una fuente animal, pero ahora se está propagando de persona a persona. Se cree que el virus se propaga principalmente entre las personas que están en contacto cercano unas con otras (dentro de 6 pies de distancia), a través de las gotitas respiratorias que se producen cuando una persona infectada tose o estornuda. También podría ser posible que una persona contraiga el COVID-19 al tocar una superficie u objeto que tenga el virus y luego se toque la boca, la nariz o posiblemente los ojos, aunque no se cree que esta sea la principal forma en que se propaga el virus. Infórmese sobre lo que se sabe acerca de la propagación de los coronavirus de reciente aparición en <https://www.cdc.gov/coronavirus/2019-ncov/about/transmission-sp.html>.

¿Cuáles son los síntomas del COVID-19?

Los pacientes con COVID-19 han tenido enfermedad respiratoria de leve a grave con los siguientes síntomas:

- fiebre
- tos
- dificultad para respirar

¿Cuáles son las complicaciones graves provocadas por este virus?

Algunos pacientes presentan neumonía en ambos pulmones, insuficiencia de múltiples órganos y algunos han muerto.

¿Qué puedo hacer para ayudar a protegerme?

Las personas se pueden proteger de las enfermedades respiratorias tomando medidas preventivas cotidianas.

- Evite el contacto cercano con personas enfermas.
- Evite tocarse los ojos, la nariz y la boca con las manos sin lavar.
- Lávese frecuentemente las manos con agua y jabón por al menos 20 segundos. Use un desinfectante de manos que contenga al menos un 60 % de alcohol si no hay agua y jabón disponibles.

Si está enfermo, para prevenir la propagación de la enfermedad respiratoria a los demás, debería hacer lo siguiente:

- Quedarse en casa si está enfermo.
- Cubrirse la nariz y la boca con un pañuelo desechable al toser o estornudar y luego botarlo a la basura.
- Limpiar y desinfectar los objetos y las superficies que se tocan frecuentemente.

¿Qué debo hacer si he regresado recientemente de un viaje a un área con propagación en curso del COVID-19?

Si ha llegado de viaje proveniente de un área afectada, podrían indicarle que no salga de casa por hasta 2 semanas. Si presenta síntomas durante ese periodo (fiebre, tos, dificultad para respirar), consulte a un médico. Llame al consultorio de su proveedor de atención médica antes de ir y dígame sobre su viaje y sus síntomas. Ellos le darán instrucciones sobre cómo conseguir atención médica sin exponer a los demás a su enfermedad. Mientras esté enfermo, evite el contacto con otras personas, no salga y postergue cualquier viaje para reducir la posibilidad de propagar la enfermedad a los demás.

¿Hay alguna vacuna?

En la actualidad no existe una vacuna que proteja contra el COVID-19. La mejor manera de prevenir infecciones es tomar medidas preventivas cotidianas, como evitar el contacto cercano con personas enfermas y lavarse las manos con frecuencia.

¿Existe un tratamiento?

No hay un tratamiento antiviral específico para el COVID-19. Las personas con el COVID-19 pueden buscar atención médica para ayudar a aliviar los síntomas.



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Para obtener más información: www.cdc.gov/COVID19-es

Attachment D

Texas Department of Criminal Justice

COVID-19 Health Screening Form

Before any individual enters a TDCJ location, they will have their temperature taken and if a fever is present, the screening form must be completed. This health screening form is an important first step to assist staff in maintaining the safety and health of TDCJ employees and offenders.

Clearly **PRINT** information below:

Name: _____ Birthdate (mm / dd): _____

Has the individual:

		Date Range
Traveled internationally in the last 30 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes when?
*Had contact with anyone who tested positive for COVID-19 in the last 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes when?

Does the individual have:

		Result
Fever above 100.4F?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, temperature?
Cough?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Shortness of breath?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If the individual answers yes to fever question, they will be sent home and will be required to submit a physician's note stating they are clear of any symptoms of COVID-19 before being allowed to return to work. If no fever is present but answered yes to cough or shortness of breath, the individual should be aware of potentially developing a fever.

**If the individual answers yes to being in contact with anyone who tested positive for COVID-19, they will be sent home and not allowed to return to work without providing a physician's note stating they are clear of any COVID-19 symptoms. Also, notification will need to be made to the Melissa Kimbrough, Office of Emergency Management and Chris Black Edwards, Deputy Director Health Services.*

Staff completing COVID-19 Health Screening Form:

Name: _____ Date: _____

CONTACT INFORMATION:

Melissa Kimbrough, Emergency Management Coordinator
936-437-6038 (Office)

Chris Black-Edwards, Deputy Director Health Services
936-437-4001 (Office)

B-14.52 – Coronavirus Disease 2019 (COVID 19)

936-581-9848 (State Cell)
melissa.kimbrough@tdcj.texas.gov

chris.black-edwards@tdcj.texas.gov

Attachment E

Employees and Visitors

WARNING

We are currently having cases of COVID-19 on this facility. This virus can cause severe disease in older adults 65 years and older and people with medical issues such as heart disease, diabetes, high blood pressure, cancer or weakened immune systems. If you are a member of one of these high-risk groups, you may not want to enter the unit at this time. If you do choose to enter the unit, you should observe the following precautions:

- Try to stay 6 feet away from other people as much as possible.
- Avoid shaking hands, hugging or touching surfaces that get a lot of hand contact.
- Wash your hands often
- Avoid touching your eyes, nose or mouth without washing your hands before and afterward.

Attachment F**Outbreak Procedures****I. Definitions**

- A. Isolation – Separation of a currently infected offender from the general population until the offender is no longer infectious to others. For COVID-19, the ideal period of isolation is not known. During isolation, they must be considered infectious. Offenders may be released from isolation if clinically well 7 days after symptom onset or 72 hours after temperature returns to normal without the use of antipyretics, whichever is longer.
- B. Medical Restriction – Separation of offenders who have been exposed to COVID-19 but have not shown any signs or symptoms of disease, from the general population. These offenders are not contagious to others (unless they come down with COVID-19) and may be briefly moved out of the medically restricted areas if necessary for security operations. The period of medical restriction is for 7 days after the last exposure to an infectious case of COVID-19. If a case of COVID-19 arises in a group of medically restricted offenders, the 7-day medical restriction period begins again when the ill offender is removed from the restricted area.
- C. N-95 Respirator – An N95 respirator is a respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne particles. The ‘N95’ designation means that when subjected to careful testing, the respirator blocks at least 95 percent of very small (0.3 micron) test particles. Respirators should be worn when caring for patients with known or suspected COVID-19 if undergoing aerosol-generating procedures (e.g., nebulizer high-flow oxygen, ventilation). Facemasks are an acceptable alternative if caring for patients in clinics or inpatient settings.
- D. Pandemic COVID-19 Stages – For the purposes of this document, 5 stages of pandemic COVID-19 have been outlined:

Stage I – Normal conditions, no pandemic COVID-19 anywhere in the world.

Stage II – Pandemic COVID-19 observed outside the United States.

Stage III – Pandemic COVID-19 observed in the United States. Because COVID-19 spreads quickly, it is likely that only a few weeks, at most, would elapse between the first observation of COVID-19 in the United States and its appearance in the local community.

Stage IV – Initial cases of COVID-19 on the prison facility

Stage V – Multiple cases of COVID-19 in the facility, when the number of cases is too large to isolate individually.

II. General Procedures

- A. Once pandemic COVID-19 has been reported in the United States, all units must consider going on protective lockdown. This will last for the duration of the pandemic, which could continue for several weeks or months.
- B. Evaluate need to minimize offender movement
 - 1. Offenders stay in their housing area.
 - 2. They may use the dayroom in their housing area.
 - 3. They may go to the dining hall, work, commissary, recreation, etc., if they do not mingle with offenders from other housing areas during the process. They must be escorted when leaving the housing area.
 - 4. Contact visitation is suspended.
- C. Non-essential offender work must be suspended. Essential workers must be screened for symptoms of COVID-19 before being turned out for work.
- D. External access to the unit and movement between units must be curtailed.
 - 1. If possible, staff should be assigned to a single facility, with limited assignments to other facilities only when necessary to provide essential safety, security and services.
 - 2. Visitors and volunteers will be kept at a minimum.
 - 3. No staff, visitors or volunteers will be allowed on the unit if they have a fever or a new cough that started in the previous 14 days until appropriately screened for COVID-19.
 - 4. Offenders who are new intakes into TDCJ, returnees from bench warrant or reprieve, or returning from offsite outpatient medical care must be medically restricted for 7 days after arrival on the unit or until 7 days after the last offender is placed into the medical restriction housing area if they are in group medical restriction.
 - a. Diagnostic and programming activities may be carried out on medically restricted offenders.
 - b. Medically restricted offenders may not mingle with general population or other cohorts of medically restricted offenders.
 - c. When medically restricted offenders use a common facility such as the medical holding area, intake holding area, dining hall, etc., the area must be cleaned and disinfected before other offenders use the area, with attention to chairs/benches, countertops and hand contact items.
 - d. New intakes arriving at the unit will be screened for signs or symptoms of COVID-19 and have their temperature taken. If symptoms are present, a surgical mask will be placed on the offender and they will immediately be escorted to be evaluated by medical staff.
 - e. Staff performing intake screening must wear personal protective attire.

III. Education and Training

- A. Offenders and staff will receive education from unit medical staff on how COVID-19 is transmitted, signs and symptoms of COVID-19, treatment, and prevention of transmission.
 - 1. The importance of handwashing and personal hygiene will be emphasized.
 - 2. Covering mouth when coughing or sneezing will be emphasized, using tissue or coughing into the inside of the elbow.
- B. All staff, and offenders who are placed in medical restriction, will be educated about early recognition and the rapid triage and treatment protocol. Education will focus on key symptoms to watch for.

- C. Correctional staff will be trained in handwashing, wearing and fit testing respirator masks, laundry and waste removal processes in isolation areas and donning and doffing personal protective attire.

IV. Medical restriction Procedures after exposure to COVID-19

- A. Medical restriction is for offenders who have been exposed to COVID-19 but who are not ill yet.
- B. Offenders will be placed under medical restriction when they have had exposure in a housing area to a suspected case of COVID-19.
- C. Duration of medical restriction will be until 7 days has elapsed after the last exposure.
- D. Individuals under medical restriction may be housed in a single cell or in a cell with another offender under medical restriction.
- E. If a larger number of offenders require medical restriction they may be housed in a dormitory.
- F. When more than one medically restricted offender is housed together, the duration of medical restriction will be until 7 days after the exposure of the most recently exposed offender.
- G. Offenders under medical restriction must be observed at least once per day for the presence of fever or new cough.
 - 1. If an offender becomes ill, they must be evaluated by medical staff as soon as practical.
 - 2. If the offender is coughing, they should be made to wear a surgical and be kept at least 6 feet from other offenders and staff until they are evaluated by medical.
 - 3. The Infirmary Rapid Triage and Treatment protocol should be followed when the offender is evaluated by medical.
 - 4. If medical determines the ill offender has COVID-19 the offender must be placed in isolation and the other offenders must remain under medical restriction for another 7 days.
- H. Medically restricted offenders may attend outdoor recreation and shower as a group. They may attend chow hall as a group if the facility determines it is necessary, but high hand contact areas, benches and tables in the chow hall should be disinfected afterward.
- I. Medically restricted offenders may work if their job is essential and they will not mingle with non-medically restricted offenders while working or getting to or from the job location and must be screened for symptoms of COVID-19 at each turnout.
- J. No special personal protective attire is required for staff assigned to medical restriction housing areas.

V. Isolation Procedures

- A. Isolation is for offenders with clinically diagnosed COVID-19 who are therefore potentially infections.
- B. Offenders who are suspected of having COVID-19 must be placed in isolation for 7 days after symptom onset **and** 72 hours after resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g. cough, shortness of breath). The diagnosis of COVID-19 should be made on a clinical basis. Laboratory proof is not required for isolation.
- C. Isolated offender must be under droplet and contact isolation precautions.
- D. Offenders under isolation must wear a surgical mask if they are required to leave the isolation area. If a surgical mask is not available, a N-95 respirator mask may be used.
- E. Isolated offenders must be observed by medical personnel as often as clinically indicated to detect worsening illness or complications, but in any case, must be observed at least once per day.

- F. Isolated offenders may be cohorted (housed together). Each offender's isolation period is independent, so an offender may be released from the isolation area after his 7 day period even if other offenders in the area are still under isolation.
- G. Offenders in isolation must be fed with disposable trays and utensils. No items will be returned to the kitchen for cleaning or re-use.
- H. Laundry items from isolation areas must be handled as contaminated laundry. See laundry procedures, below.
- I. Staff (correctional and medical) entering an isolation housing area must wear a facemask and gloves. They may wear gowns and/or face protection if they anticipate direct or very close contact with ill offenders. Personal protective equipment must be removed when leaving the area and hands washed after removal of the equipment.
- J. Offenders in isolation may shower individually or as a group, but the shower must be cleaned and disinfected after use (faucet handles, benches and countertops), before any non-isolated offenders use them. Towels used by isolated offenders are considered contaminated laundry. If clothing exchange is done in the shower area, follow the contaminated laundry process described below, in that area.
- K. Areas in the isolation housing that are prone to contamination by respiratory secretions or by frequent hand contacts must be periodically disinfected. If the surfaces are visibly dirty, they must be cleaned with detergent and water before disinfection. Double D, diluted appropriately, or a 1:10 solution of household bleach in water are acceptable disinfectants. The disinfectant must not be wiped off after application but allowed to air dry.
- L. After an offender is released from isolation, his cell or dormitory cubicle must be thoroughly cleaned and disinfected, including disinfecting the mattress.
- M. Waste collection and disposal
 - 1. Trash from isolation areas must be double bagged but may be disposed of as ordinary waste in a municipal landfill, except that special medical waste must be handled and disposed of in accordance with Infection Control Manual Policy B-14.25.
 - 2. Waste will be collected into an appropriate bag (i.e., red bag for special medical waste) within the isolation housing area.
 - 3. When the bag is full it will be sealed with a twist tie.
 - 4. A designated person inside the isolation area will carry the bag to the doorway. From outside, another staff person will hold open an uncontaminated bag (red bag for special medical waste), into which the person inside will place the filled bag. The second bag will be sealed with a twist tie and taken to the appropriate disposal area.
 - 5. Persons handling the waste bags will wear gowns, gloves, and facemasks. If there is any concern about eye contamination, they will also wear a protective face shield or goggles.

VI. Laundry

- A. No changes in procedures are required for laundry from general population or medical restriction areas.
- B. Laundry from isolation areas must be handled as contaminated laundry.
 - 1. Laundry will be collected in a clear, water-soluble bag. When the bag is full it will be carried to the doorway by a designated person inside the isolation area.
 - 2. A person outside the housing area will hold open a yellow contaminated laundry bag so that the inside person can place the water-soluble bag filled with laundry into the yellow bag, taking care not to contaminate the outside of the yellow bag.
 - 3. The outside person will seal the yellow bag and take it to the laundry.

4. Persons handling contaminated laundry will wear gloves, gown, facemasks and goggles or a protective face shield. This includes offenders who are handling the yellow bags to load the washers.
5. Once loaded into the washers, the contaminated laundry may be washed according to standard laundry procedures. After washing and drying the laundry is considered non-contaminated and may be used by any offender.

VII. General Sanitation

- A. Areas of the unit other than the isolation housing area and medical areas should follow standard general housekeeping procedures.
- B. All areas of the unit should undergo periodic disinfection of frequent hand contact areas several times each day.
- C. Areas to be disinfected must be cleaned with soap and water before disinfection, if there is any visible soiling.
- D. Appropriate disinfectants include Double D diluted according to instructions, or a 1:10 solution of household bleach in water. Before using a disinfectant on delicate items such as keyboards or telephones, make sure it will not be harmful to the item.
- E. Frequent hand contact areas include, but are not limited to, light switches, handrails, doorknobs, water faucet handles, flush handles, key sets, handheld radios, telephones, computer keyboards, etc. Frequency of disinfection can be adjusted depending on the frequency of use and the number of people having contact with the surface.
- F. Cells and dormitory cubicles must be cleaned and disinfected between offenders who are assigned to them.

VIII. Transportation

- A. In general, offender transportation must be curtailed once pandemic COVID-19 has been reported in the United States, except for movement that is absolutely required, such as for release, bench warrant, medical emergencies, etc.
- B. When offenders are transported during these conditions, they must be seated at least 3 feet apart.
- C. Any offender who is coughing or who is in isolation for COVID-19 must wear a surgical mask during movement from isolation to transport and from the transport to his destination at the receiving facility. These offenders must be transported by ambulance or van. Multiple offenders who are under COVID-19 isolation may be transported in the same vehicle, but no non-isolated offenders (including offenders under medical restriction) may travel with them. Staff must wear facemasks during transport, unless the offender area has separate ventilation from the staff area.
- D. After all offenders have disembarked from the transport vehicle, the seats and hand contact areas such as handrails must be cleaned and disinfected. See General Sanitation for details about disinfection.

IX. Visitation

- A. During pandemic stage III and IV (pandemic COVID-19 in the US and cases on the unit, respectively) contact visitation is curtailed.
- B. Non-contact visitation may occur under the following conditions
 1. Visitors are questioned and observed for signs and symptoms of COVID-19 (cough, shortness of breath or fever) before being admitted to the visitation area.

2. Offenders are screened for fever or cough before being admitted to the visitation area.
3. No visitor or offender with fever or cough is allowed in the visitation area.
4. Only offenders from a single housing area are allowed into visitation at one time.
5. Between visitation sessions the visitation area is cleaned and disinfected, with attention to chairs/benches, countertops and hand contact items.

X. Personal Protective Equipment (PPE)

A. Masks

1. Surgical masks – Facemasks are used on persons with suspected or confirmed COVID-19 to reduce the risk of introducing respiratory droplets into the environment by coughing or sneezing. Staff should wear facemasks when caring for patients with known or suspected COVID-19.
2. Particulate respirator (N-95) masks – Respirators filter out respirable droplets and seal tightly enough to the face to preclude leaks. These masks are for the protection of staff and should be prioritized for staff caring for patients with suspected or confirmed COVID-19 undergoing aerosol-generating procedures. They may be used on symptomatic offenders instead of surgical masks, but there is no significant advantage to using a particulate respirator mask on symptomatic offenders. These masks may be re-used but should be discarded in regular trash if they become difficult to breathe through or if they become wet.

B. Gloves

1. Gloves should be worn when caring for patients with suspected or confirmed COVID-19.
2. Nonsterile gloves should be worn when there is a likelihood of hand contact with contaminated articles, including trash bags and laundry in isolation housing areas or with respiratory secretions.
3. Unless contact offender searches on general population would clearly involve contact with body fluids, gloves are unnecessary and handwashing between each search is adequate. Gloves may be worn for contact offender searches of medically restricted offenders. Gloves must be worn and changed between each search for contact searches on isolated offenders.
4. After use, gloves should be removed by pulling each one off by the cuff, turning it inside out. Dispose of gloves in regular trash. Wash hands after removing gloves.

C. Gowns

1. A water-resistant gown should be worn when there will be direct contact with an offender with COVID-19, or when handling laundry or trash in the isolation housing area.
2. Gowns must be changed between each offender for whom they are required, except when they are worn by an officer doing multiple contact offender searches.
3. Remove gown after removing gloves. Pull the gown off from the back, turning the sleeves inside out. Dispose of gown in regular trash. Wash hands after removing gloves and gown.

D. Goggles or protective face shields should be worn when there is a likelihood of respiratory droplet spray hitting the eyes, or when shaking out contaminated laundry. They should be worn when caring for patients with suspected or confirmed COVID-19. Since these items are re-usable, they should be cleaned and disinfected between uses. Hands should be washed before donning or doffing goggles, to prevent inadvertent contamination of the eyes.

E. An alcohol-based waterless antiseptic hand rub should be carried by staff and used whenever there is concern that hands have become contaminated. The waterless hand rub may be used when handwashing is unavailable.

- F. Offenders who are required to perform duties for which staff would wear PPE should be provided the same PPE for the job, except they must not have access to the waterless hand rub but must wash hands with soap and water instead.

Summary of PPE to Use While Caring for Patients with Suspected or Confirmed COVID-19:

Setting	Rooming Procedure	Staff PPE	Symptomatic Offender Requirement
Clinic	Normal	<ul style="list-style-type: none"> Gloves Gown Eye protection (face shield or goggles) Surgical facemask or fit-tested N-95 respirator (only if surgical facemask is unavailable) 	Surgical facemask
Infirmery	Normal	<ul style="list-style-type: none"> Gloves Gown Eye protection (face shield or goggles) Surgical facemask or fit-tested N-95 respirator (only if surgical facemask is unavailable) 	Surgical facemask during transfer
Isolation Unit	Normal	<ul style="list-style-type: none"> Gloves Surgical facemask or fit-tested N-95 respirator (only if surgical facemask is unavailable) Gowns and/or eye protection (face shield or goggles) should be worn only if anticipate direct or very close contact with ill offenders 	Surgical Facemask during transfer
Transport Van	Normal	<ul style="list-style-type: none"> Gloves Surgical facemask or fit-tested N-95 respirator (only if surgical facemask is unavailable) Gowns and/or eye protection (face shield or goggles) should be worn only if anticipate direct or very close contact with ill offenders 	<ul style="list-style-type: none"> Surgical facemask during transfer Not transported on a chain bus or MPV except for medical emergencies
Procedural Setting (e.g., nebulizer high-flow oxygen, ventilation, intubation)	Negative Pressure Room	<ul style="list-style-type: none"> Gloves Gown Eye protection (face shield or goggles) Fit-tested N-95 respirator 	Surgical facemask during transfer

Attachment G**COVID-19 Alert Stages****Stage 1** – Normal conditions.

- Maintain clinical suspicion for COVID-19 like illnesses
- Record proper diagnosis in the electronic health record for suspected COVID-19 and/or report number of cases to Preventive Medicine weekly to facilitate surveillance
- Practice usual infection control and personal hygiene measures
- Consider stockpiling critical supplies

Stage 2 – Pandemic COVID-19 recognized in the world

- Continue Stage 1 activities
- Emphasize handwashing and cough etiquette with offenders and all unit staff
- Place posters (handwashing, cough etiquette, COVID-19 symptoms) if not already done

Stage 3 – Pandemic COVID-19 in the US

- This stage is subdivided into 3a – no in-state cases reported, 3b – cases reported in Texas.
- Continue Stage 2 activities
- Work with security to identify areas that can be used to cohort offender cases
- Screen for symptoms of COVID-19 at main gate and exclude symptomatic individuals
- Screen for symptoms of COVID-19 before allowing offenders on chain buses.
- Increase emphasis on cleaning/disinfecting high hand contact areas and offender transportation.
- Allow staff to carry waterless hand cleaners.

Additional precautions for **Stage 3b**

- Non-essential offender movement between units must be stopped
- Elective medical procedures should be postponed
- Intake facilities screen arriving offenders by asking about new cough or sore throat and taking temperature
- Intake facilities should medically restrict new intakes for 7 days before allowing them into general population. The 7-day medical restriction period begins on the day the last offender is added to the medical restriction group.
- Consider locking down the unit and stopping visitation.
- If the warden deems it necessary to allow a person with symptoms of COVID-19 or household contacts onto the unit, the following precautions are recommended:
 - Each person should always be required to wear a surgical mask on the unit and wash hands before entering the unit.
 - Employees restricted to jobs that do not entail contact within 6 feet of others (such as picket duty or strictly outdoor work)
 - Employee workstation and hand contact areas are disinfected with Double D solution or a 1:10 bleach solution at the end of their shift.

Stage 4 – Initial cases of COVID-19 on the unit

- Continue actions from lower stage levels.
- Unit should be locked down and visitation stopped if this has not been done previously.

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- Cases/suspected cases should be placed in (order of preference): 1) Respiratory isolation, if available on the unit, or in a single cell in cell block designated for cohorting COVID-19 cases. If single celled they should not be allowed access to the day room unless all offenders using the day room are suspected or confirmed COVID-19 cases. Consider using segregation or similar housing for the initial cases.
- Cases or suspected cases must not be allowed to attend work, school, dining hall or group recreation.
- Isolation should continue until 7 days after symptoms started or 72 hours after fever resolves without use of fever-reducing medications, whichever is later.
- If the offender requires transfer to a hospital, he should go by ambulance or van. Multiple offenders with COVID-19 may be transported in the same vehicle if necessary. Attendants and other staff in the vehicle must wear facemask. The offender should wear a surgical mask if his condition allows it. The transport vehicle should be disinfected after use. The receiving facility must be notified that the patient has COVID-19 before arrival at the facility.
- Offenders in the cellblock or dormitory of the index case must be medically restricted (no housing reassignments, no work or school; dining and recreation as a cohort only) until 7 days have elapsed without another case of COVID-19 in the living group. If their work is deemed critical, they must be screened for symptoms of COVID-19 before their shift before being allowed to work.

Stage 5 – Multiple COVID-19 cases on unit

- Continue previous stage level activities
- At this point individual case isolation is not practical and cases should be cohorted in living areas (dormitories or cellblocks) for 7 days. Cases need to remain in the cohort living area for 7 days after onset of their symptoms but may be transferred to other living areas after their 7 day period has passed.

A facility may return to stage 3b actions when it has gone 2 weeks without a case or suspected case of COVID-19.

Attachment H

COVID-19 Alert Stages Matrix

Alert Stage	Medical Department	Security	Housing	Feeding/Showering	Offender Management			
					Recreation	Transportation	Work/School	Visitation
Stage 3b – pandemic COVID-19 in Texas	<ul style="list-style-type: none"> • Work with security to identify housing areas that can be used to cohort cases • Train staff on identification of COVID-19 cases and early isolation of cases • Reinforce personal hygiene and cough etiquette with offenders • Limit use of medical staff on multiple units • Cancel/reschedule elective medical procedures • Begin COVID-19 triage and early isolation process • Allow staff to carry and use alcohol-based hand antiseptic rub • Intake units screen offenders arriving on the unit by asking about new onset of cough or shortness of breath and taking their temperature 	<ul style="list-style-type: none"> • Continue Stage 2 activities • Train staff in recognition of COVID-19 symptoms and how the medical triage/cohorting system will work • Increase emphasis on cleaning and disinfecting high hand contact areas and offender transportation • Stockpile food and other essential supplies for at least a 2-4 week period • Medically restrict new intakes and offenders returning from bench warrant, etc., for 7 days • Allow staff to carry and use alcohol-based hand antiseptic rub • Limit use of staff on multiple units 	<ul style="list-style-type: none"> • Cohort essential workers by shift • Stop housing reassignment except for disciplinary or medical reasons, or within same housing area (dorm or cell block) • Prepare one or more cell blocks to be designated as medical wards, if feasible 	<ul style="list-style-type: none"> • Consider unit lockdown procedures • Feed and shower offender in cohorts by housing area. Disinfect showers/dining facilities between cohorts 	<ul style="list-style-type: none"> • Consider unit lockdown procedures • Recreation in cohorts by housing area. Disinfect equipment between cohorts 	<ul style="list-style-type: none"> • Screen for symptoms of COVID-19 before allowing offenders on chain bus • Disinfect seats, handrails and other contact areas before loading offenders and at end of trip • Stop non-essential offender movement between units 	<ul style="list-style-type: none"> • Consider suspending classes • Consider suspending non-essential work • Screen workers for symptoms at turnout 	<ul style="list-style-type: none"> • Screen for symptoms of COVID-19 and exclude symptomatic individuals, whether staff or visitors • Stop contact visitation • Consider stopping all visitation

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Alert Stage	Medical Department	Security	Offender Management					
			Housing	Feeding/Showering	Recreation	Transportation	Work/School	Visitation
		<ul style="list-style-type: none"> Consider unit lockdown 						
Stage 4 – initial cases of COVID-19 on unit	<ul style="list-style-type: none"> Continue Stage 3b activities Place suspected cases in droplet and contact isolation in a single cell for 7 days after symptom onset <u>and</u> 72 hours after resolution of fever without the use of fever-reducing medications <u>and</u> improvement in respiratory symptoms (e.g. cough, shortness of breath). Cases wear surgical mask whenever moved out of their isolation room Medically restrict contacts of the case until 7 days after the last case appears in the medically restricted group If a medically restricted offender develops signs and symptoms of 	<ul style="list-style-type: none"> Continue Stage 3b activities Security staff assigned to medical and isolation areas wear facemasks Staff on affected units not to work on unaffected units if possible 	<ul style="list-style-type: none"> Create one or more isolation wards, and medical wards if needed No transfer of exposed offenders into areas housing unexposed offenders 	<ul style="list-style-type: none"> Unit lockdown. 	<ul style="list-style-type: none"> Unit lockdown. 	<ul style="list-style-type: none"> Continue Stage 3b actions Transfer of symptomatic cases by ambulance or van only. Multiple cases can be in same vehicle. Notify receiving facility of COVID-19 case before arrival Attendants with transported cases must use facemasks 	<ul style="list-style-type: none"> Continue Stage 3b actions Medically restricted and isolated offenders cannot work If a medically restricted offender must work because of a critical need, he must be screened to rule out symptoms of COVID-19 before each shift he works. 	<ul style="list-style-type: none"> Continue Stage 3b actions

B-14.52 – Coronavirus Disease 2019 (COVID 19)

Alert Stage	Medical Department	Security	Offender Management					
			Housing	Feeding/Showering	Recreation	Transportation	Work/School	Visitation
	COVID-19, place him in droplet and contact isolation and extend the medical restriction on the remaining offenders for 7 more days <ul style="list-style-type: none"> • Make rounds of isolated offenders in the isolation housing area at least once per shift • Make daily rounds on medically restricted housing areas • Medical staff wear PPE when entering a room with an ill offender • Staff on affected units not to work on unaffected units if possible 							
Stage 5 – multiple COVID-19 cases on unit	<ul style="list-style-type: none"> • Continue Stage 4 actions • Cohort cases and suspected cases • Cases may be moved to any living area 7 days after symptom onset <u>and</u> 72 hours after resolution of fever without the use of fever- 	<ul style="list-style-type: none"> • Continue Stage 4 actions 	<ul style="list-style-type: none"> • Continue Stage 4 actions 	<ul style="list-style-type: none"> • Continue Stage 4 actions 	<ul style="list-style-type: none"> • Continue Stage 4 actions 	<ul style="list-style-type: none"> • Continue Stage 4 actions 	<ul style="list-style-type: none"> • Continue Stage 4 actions • Cases who have completed their 7 day isolation may work without restriction if their symptoms have resolved 	<ul style="list-style-type: none"> • Continue Stage 4 actions

B-14.52 – Coronavirus Disease 2019 (COVID 19)

Alert Stage	Medical Department	Security	Offender Management					
			Housing	Feeding/Showering	Recreation	Transportation	Work/School	Visitation
	reducing medications <u>and</u> improvement in respiratory symptoms (e.g. cough, shortness of breath). They can be considered immune for the remainder of the pandemic							
Termination of COVID-19 alert: May return to Stage 4 when there are no new cases on the unit in 7 days, or to stage 3b when there have been no new cases on the unit for an additional 7 days								

Attachment I**Information for Employees Using Respirators When Not Required Under the Standard**

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirator's limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.
5. Limited data is available on respirator effectiveness in preventing transmission of COVID-19 in various settings. However, the use of a facemask or respirator is likely to be of most benefit if used as early as possible when exposed to an ill person and when the facemask or respirator is used consistently.
6. Respirators are not recommended for people who have facial hair because the mask will not fit snugly on the face.

Attachment J

All newly arriving offenders including extraditions and those returning from bench warrant or reprieve into TDCJ (including private) facilities or intermediate sanction facilities will be screened for COVID-19 per the steps identified below:

COVID-19 Health Screening Intake SOP

- The receiving/screening nurse will:
 - don a surgical mask
 - meet the incoming offenders outside the intake entrance/doorway
 - conduct the COVID-19 Health Screening Intake questionnaire which includes obtaining a temperature.
- Offenders who answer “Yes” to any question and or have a temperature of 100.4 degrees or higher must:
 - immediately don a surgical face mask (prior to entering the intake processing area)
 - notify the TDCJ intake security supervisor to:
 - separate the offender from the intake group in a single cell (when possible) or cohorted if there are multiple symptomatic offenders
- Offenders with positive/symptomatic screening findings must be referred for secondary provider evaluation to determine the disposition of the offender and if diagnostic testing is clinically appropriate/indicated.
 - Offenders who are medically cleared upon provider evaluation will be released to continue the intake process.
 - Offenders who have been exposed to COVID-19 but who are not ill yet, will be placed under medical restriction for a minimum of 7 days.
 - Offenders with clinically diagnosed COVID-19 will be isolated under droplet and contact isolation precautions for 7 days after symptom onset and 72 hours after resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g. cough, shortness of breath).
- Medical staff will notify the TDCJ intake security supervisor of all offenders placed under medical restriction or isolation, who will then notify the facility Warden and Classification Department.
- TDCJ leadership in coordination with the medical department will identify an appropriate housing area to assign/cohort all offenders placed on medical restriction and/or isolation.

CORRECTIONAL MANAGED CARE
COVID-19 Health Screening Intake Form

Date: _____

Patient Name: _____

DOB: _____

Facility: _____

1. Temperature:	Above 100.4F?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. Cough?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If YES, date of onset:				
3. Shortness of breath?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If YES, date of onset:				
4. Had contact with anyone with fever, cough or shortness of breath in the last 14 days?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
If YES to any question, place a surgical mask on the patient and separate from the rest of the intake group for additional screening and orders.				

Nurse's Signature: _____ **Date:** _____

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Attachment K

COVID-19 for Clinicians

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. COVID-19 cases have been reported in Texas.

Transmission of COVID-19

The virus is thought to spread mainly between people who are in close contact with one another (within about 6 feet) through respiratory droplets produced when an infected person coughs or sneezes. It also may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.

Reducing transmission

- Stress good handwashing for staff and offenders, especially before touching the eyes, nose or mouth, and after coughing or sneezing into your hand.
- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.
- Stress covering the nose and mouth when coughing or sneezing.
- Cough or sneeze into tissue or into your sleeve or antecubital space, not into your bare hand.
- Avoid shaking hands or hugging
- Avoid touching your eyes, nose or mouth
- Keep your distance (at least 6 feet) from somebody who appears sick with COVID-19 symptoms
- Clean and disinfect frequently touched objects and surfaces.

Symptoms of COVID-19

Typical symptoms of COVID-19 include:

- Cough
- Fever over 100° F, chills
- Shortness of breath

Emergency warning signs include:

- Difficulty breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

Diagnostic Testing

Diagnostic testing should be prioritized based on clinical features and epidemiologic risk. Health care providers should contact the TDCJ Office of Public Health if they feel testing should be considered. The TDCJ Office of Public Health will determine if patients meet the criteria for testing.

Instructions for ordering and specimen collection are attached (Appendix A).

Clinical Features	&	Epidemiologic Risk
Fever ¹ or signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)	AND	Any person, including health care workers, who has had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset
Fever ¹ and signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)	AND	A history of travel from affected geographic areas within 14 days of symptom onset OR An individual(s) with risk factors that put them at higher risk of poor outcomes
Fever ¹ and signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	AND	No source of exposure has been identified

1. Fever may be subjective or confirmed
2. Adapted Texas DSHS guide to testing

Treatment

Most cases will require only the usual supportive care with fluids, analgesics and rest. Clinical management is focused on supportive care of complications, including advanced organ support for respiratory failure. Corticosteroids are not recommended unless they are indicated for another reason (e.g., COPD exacerbation).

There are currently no antiviral drugs licensed by the FDA to treat COVID-19. There is no approved vaccine. In addition, there is currently no FDA-approved post-exposure prophylaxis for people who may have been exposed to COVID-19. Community mitigation measures are the primary way to reduce transmission (e.g., stay home if sick, social distancing) and adherence to recommended infection prevention and control measures can reduce the risk of spread in healthcare facilities.

Signs suggesting need for higher level care

- Difficulty breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

Isolation of cases

Cases in an inpatient setting must be under droplet and contact isolation (see Infection Control Policy B-14.21). Cases who are not in an inpatient setting must be single celled or housed with another patient with COVID-19. If there are large numbers of cases, they may be isolated as a group in a dormitory. Isolation should be continued for 7 days after symptom onset **and** 72 hours after resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g. cough, shortness of breath). Offenders who are in droplet isolation as a suspected case of COVID-19 must wear a surgical mask whenever they must leave their isolation cell/housing area.

Contacts of cases should be kept under medical restriction (i.e., quarantine) as a cohort until 7 days after the last exposure to a case for everybody in the cohort. If this is not possible, contacts should have their temperature taken and be questioned about symptoms daily. Every effort should be taken to use medical restriction.

Offenders on medical restriction do not have to wear a mask unless they must leave their housing area for some reason. They should be questioned about symptoms of COVID-19 before being taken from the housing area and be kept at least 6 feet from offenders from other housing areas as much as possible.

Clinic triage

It is important to limit the opportunity for transmission of COVID-19 in the clinic. A suggested infirmity triage pathway is attached (Appendix B).

Personal Protective Equipment

Healthcare givers should wear a surgical facemask, gown, gloves, and eye protection (face shield or goggles) whenever they are within 6 feet of a patient with suspected or confirmed COVID-19. An N-95 respirator should be worn if performing aerosol-generating procedures (e.g., nebulizer high-flow oxygen, ventilation).

Reporting

Daily reporting of COVID-19 to the TDCJ Office of Public Health (Public.Health@tdcj.state.tx.us or 936-437-3572) is required. This is a secure fax, so protected health information can be sent to this fax number.

It is essential to have a centralized picture of the status of COVID-19 across the entire system. Therefore, until further notice, each unit must report by email to the TDCJ Office of Public Health the count of COVID-19 seen the previous day. This report must be sent by 9:00 each morning and must identify the name of the unit in the subject or body of the email. It is important that the providers are identifying patients with COVID-19 and letting the CID or other designated staff know so that accurate reporting can be done.

- Submit a daily COVID-19 log (Appendix C) by 9AM. The list is only for the 24-hour period ending at 6AM that morning. Although you may submit logs over the weekend if you wish, you may also simply submit 3 logs on Monday morning
- Reporting should continue until 2 weeks has lapsed since your last case.
- In addition to identifying the submitting unit, the log should give totals for number of offenders and staff with suspected or confirmed COVID-19 and provide detailed information on offenders for whom you have submitted specimens.
- The subject line of the email should include “[Unit] Name, COVID-19 Log, and the Date Sent (MM/DD/YYYY).”

Appendix A

COVID-19 Testing for Units

Note: Requires pre-authorization from the TDCJ Office of Public Health prior to placing the order.

1. Units Designated for Testing by Galveston Laboratory:

The test is available in the EMR under **CORONAVIRUS COVID-19 TESTING (COVID19)**. The viral culture collection kit is available from the CMC Medical Warehouse (stock # 495-38-15427-6).

Test name and code:	COVID-19 (Test code: 8000101424) Note: Order as “ Miscellaneous ” and add comment: “ COVID-19 ARUP ” The interface for the test will be available within 1 week to facilitate direct orders.
Collect:	Nasopharyngeal swab. Place in one collection tube (redtop viral transport tube).
Specimen Preparation:	Place in viral transport media (ARUP Supply #12884). Available through Ms. Judy Mitchell at (409) 772-9247 . Place each specimen in an individually sealed bag. Also, acceptable: Media that is equivalent to viral transport media or universal transport media.
Storage/Transport Temperature:	Acceptable Conditions: Frozen
Unacceptable Conditions:	Specimens not in viral transport media.
Remarks:	Specimen source required. Submit only one specimen per patient.
Stability:	Ambient: Unacceptable; Refrigerated: 4 days; Frozen: 1 month

2. Units Designated for Testing by Quest Diagnostics:

Staff must manually order the test. Each unit should have the paper ordering forms. The test should be ordered on its own dedicated requisition and not combined with any other test. National test code is 39433. It is not a STAT test and a STAT pick-up cannot be ordered. Test results are typically available 3-4 days from the time of specimen pick-up and may be impacted by high demand.

Test name and code:	SARS-CoV-2 RNA, RT PCR
Collect:	Preferred Specimen(s): One (1) nasopharyngeal swab collected in a multi microbe media (M4), V-C-M medium (green-cap) tube or equivalent (UTM). Also acceptable: 0.85 mL bronchial lavage/wash, nasopharyngeal aspirate/wash, sputum/tracheal aspirate sample in a plastic sterile leak-proof container
Specimen Preparation:	Place in multi microbe media (M4), V-C-M medium (green-cap) tube, or equivalent (UTM).

	It is acceptable to place both an NP and an OP swab at the time of collection into a shared media transport tube. Do not combine other specimen sources. Also, acceptable: Plastic sterile leak-proof container.
Storage/Transport Temperature:	Transport refrigerated (cold packs) to local Quest Diagnostics accessioning laboratory.
Unacceptable Conditions:	Specimens not in viral transport media. Calcium alginate swab • Cotton swabs with wooden shaft • Received refrigerated more than 72 hours after collection • ESwab • Swabs in Amies liquid or gel transpo
Remarks:	Order SARS-CoV-2 RNA, RT PCR separately from other tests - on a separate requisition and place each transport tube with paperwork into its own sealed bag. The SARS-CoV-2 test will be prioritized if submitted on a shared requisition. One specimen transport tube will be tested per order. It is acceptable to place both an NP and an OP swab at the time of collection into a shared media transport tube. Do not combine other specimen sources.
Stability:	Ambient: Unacceptable; Refrigerated for up to 72 hours or Frozen at -70°C

3. Texas Tech Units Designated for Testing by LabCorp

The test is available in the EMR under “2019 Novel Coronavirus (CoVID-19), NAA”. Contact your Facility Health Administrator if you are in need of additional culture collection kits.

Test Name and Code:	COVID-19 – Test Code 139900
Collect:	Nasopharyngeal or Oropharyngeal swab, placed and transported in Universal Transport Medium (UTM).
Specimen Preparation:	Universal Transport Medium (UTM) with included swabs, specimen label and biohazard bag are needed. Follow instructions published by LabCorp regarding OP and NP specimen collection for COVID-19 testing.
Storage/Transport Temperature:	Samples/specimens should be shipped frozen due to limited stability at 2°-8° C. Refrigerated swabs submitted within 72 hours will be accepted.
Unacceptable Conditions:	Swabs with calcium alginate or cotton tips; swabs with wooden shafts; refrigerated samples greater than 72 hours old; room temperature specimen submitted; improperly labeled; grossly contaminated; broken or leaking transport device; collection with substances inhibitory to PCR including heparin, hemoglobin, ethanol, EDTA concentrations >0.01M.
Remarks:	Submit separate frozen specimens for each test requested. Submit COVID-19 test on one requisition with test code 139900.
Stability:	Ambient: Unacceptable; Refrigerated: 72 hours
Turnaround Time:	Current turnaround time for COVID-19 testing is estimated

	between 3-4 days and may be impacted by high demand.
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4. Montford Testing

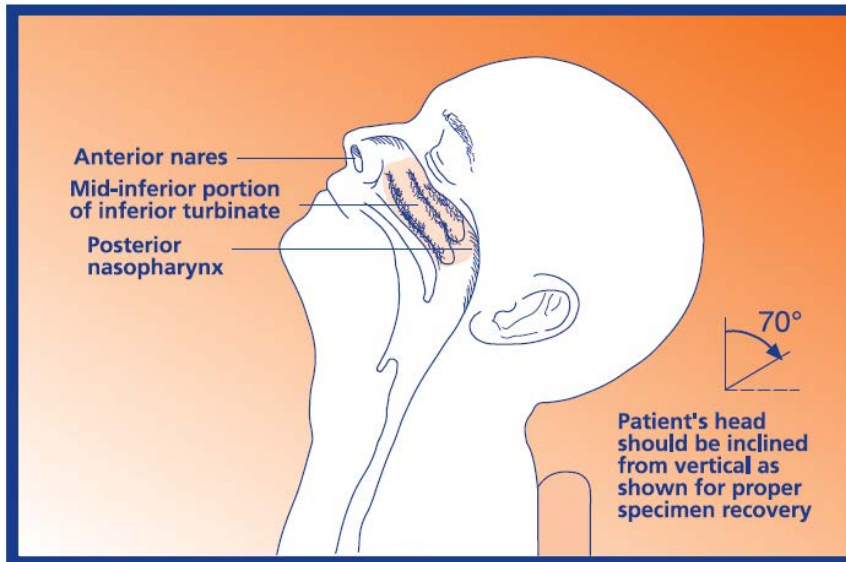
******Contact Lisa Wilson, Carrie Culpepper, or Mike Parmer******

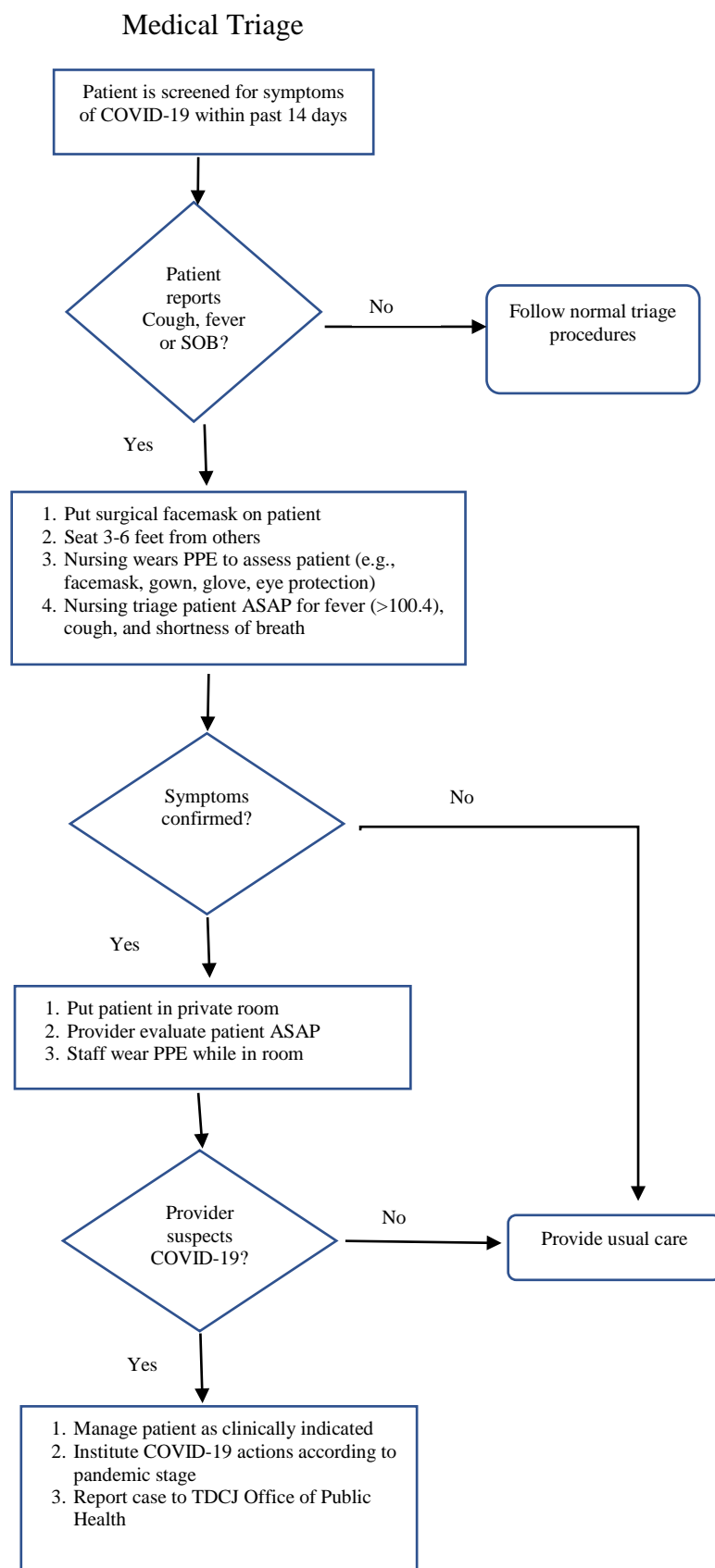
Fill out health screening form and await approval from TDCJ Office of Public Health to proceed. This test will be sent to UMC as a reference test. **CORONAVIRUS COVID-19 TESTING (COVID19)**

Test name and code:	SARS-CoV-2 (Test code: 39433) aka COVID-19 **Order on UMC paper requisitions**
Collect:	Nasopharyngeal swab (Use Xpert® Nasopharyngeal Sample Collection Kit---in lab). Ensure swab is broken off and left in liquid media.
Specimen Preparation:	<ul style="list-style-type: none"> Refer to Nasopharyngeal Collection Below Ensure swab is broken off and left in liquid media. Place each specimen in an individually sealed bag.
Storage/Transport Temperature:	Acceptable Conditions: Refrigerated (2-8° C)
Unacceptable Conditions:	Specimens not in viral transport media.
Remarks:	Specimen source required. Submit only one specimen per patient.
Stability:	Ambient: Unacceptable ; Refrigerated: 3 days
Remarks:	Order SARS-CoV-2 RNA, RT PCR separately from other tests - on a separate requisition and place each transport tube with paperwork into its own sealed bag. The SARS-CoV-2 test will be prioritized if submitted on a shared requisition. One specimen transport tube will be tested per order. **Stat Delivery**

5. Nasopharyngeal swab method

- Insert swab into one nostril
- Rotate swab over surface of posterior nasopharynx
- Withdraw swab from collection site; insert into transport tube
- Repeating procedure for the second nostril will deliver optimal combined sample
- After collection, wipe own outside of tube with a disinfectant wipe and doff gloves
- Perform hand hygiene and don new gloves
- Place in a biohazard bag and close
- It is not a STAT test and STAT pickup should not be ordered
- Transport specimen to the laboratory for testing. If transport will be delayed, place specimen in the refrigerator.



Appendix B

Appendix C**COVID-19 LOG**

Unit Name: _____

Report for new-onset (not cumulative) patients with COVID-19 for 24-hour period beginning 6AM ____/____/____ to 6AM ____/____/____

Date* sent: ____/____/____

Number of offenders with ILI in 24-hour period: _____

Number of staff with ILI in 24-hour period: _____

Fax: 936-437-3572

Email: Public.Health@tdcj.state.tx.us

Demographics						Symptoms			Lab Specimen Information		
List of Offenders for Whom Lab Specimens were Submitted (Last, First)	TDCJ #	Housing Location (e.g., dorm, cell block)**	Bed Location**	Work Assignment**	Onset Date	Temperature > 100.5 (Y/N)	Cough (Y/N)	Shortness of Breath (Y/N)	Name of Laboratory to which the Specimen was Submitted (e.g., UTMB, Quest)	Collection Date	Result

* On Monday morning, send 3 logs (one for each 24-hour period ending at 6AM)

** At symptom onset

Attachment L

COVID 19 Resources

This is a rapidly evolving situation and information is updated frequently as it becomes available. Additional information on COVID-19 is available from the resources listed below.

Texas Department of State Health Services. <https://www.dshs.state.tx.us/coronavirus/>

CDC <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

World Health Organization <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

<i>C M H C</i> <i>INFECTION CONTROL</i> <i>MANUAL</i>	Effective Date: 3/20/2020	NUMBER: B-14.52 Page <u>1</u> of <u>9</u>
	Replaces: New	
	Formulated: 3/20/2020	
Coronavirus Disease 2019 (COVID-19)		

POLICY:

To outline management and control measures for facilities to follow in response to the spread of COVID-19.

OVERVIEW:**What is Coronavirus disease 2019 (COVID-19)?**

COVID-19 is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China. The virus is thought to spread mainly between people who are in close contact with one another (within about 6 feet) through respiratory droplets produced when an infected person coughs or sneezes. It also may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes.

What are the symptoms of COVID-19?

Symptoms commonly associated with COVID-19 include fever, cough, and shortness of breath. More severe symptoms suggesting the need for a higher level of care may include difficulty breathing, bluish lips or face, persistent pain or pressure in the chest, and new confusion or inability to arouse. People 65 years or older, and/or people with medical issues, like heart disease, diabetes, high blood pressure, cancer, or a weakened immune system, are at a higher risk for getting very sick from COVID-19. Complications include pneumonia, acute respiratory distress syndrome (i.e. ARDS) and even death.

How is COVID-19 transmitted?

The virus is known to spread person to person when there is close contact (approximately 6 feet) through respiratory droplets that are produced when an infected person coughs or sneezes. It is also believed that a person can become infected with COVID-19 by touching a contaminated surface or object that has the virus on it and then touching their own nose, eyes or mouth.

DEFINITIONS:

Medical Isolation – Isolation is for persons who are **sick and contagious**. Isolation is used to separate ill persons who have a communicable disease from those who are healthy. Isolation restricts the movement of ill persons to help stop the spread of disease.

Medical Restriction – Medical restrictions used to separate and restrict the movement of **well** persons who may have been exposed to a communicable disease to see if they become ill. These people may have been exposed to a disease and do not know it, or they may have the disease but do not show symptoms. Medical restriction can help limit the spread of disease.

An **N95 respirator** is a respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne particles. The 'N95' designation means that when subjected to careful testing, the respirator blocks at least 95 percent of very small (0.3 micron) test particles.

PROCEDURES:

I. INFECTION CONTROL

- A. During the COVID-19 outbreak, **all** units should:
 1. Medical staff should educate offenders and staff on how COVID-19 is transmitted, signs and symptoms of COVID-19, treatment, and prevention of transmission (Attachment A).
 2. Remind staff and offenders on the methods used to prevent the spread of any respiratory virus.
 - a. Encourage handwashing with soap and water for at least 20 seconds (Attachment B). If soap and water is unavailable, hand sanitizer (at least 60% alcohol) may be used to cleanse hands.
 - b. Encourage cough etiquette (Cover coughs or sneezes with a tissue, then throw the tissue in the trash. Otherwise, cough inside of your elbow. Attachment C).
 - c. Avoid touching eyes, nose, and mouth with unwashed hands.
 - d. Avoid close contact (< 6 feet) with people who are sick or suspected of being sick.
 - e. Stop handshakes.
 3. Practice social distancing and avoid gatherings and meetings. Meet by teleconference or videoconference when feasible.
 4. Disinfect common areas and surfaces that are often touched with a 10% bleach solution. The bleach solution should be sprayed on and allowed to air dry for at least 10 minutes. Cleaning recommendations can be found in Infection Control Policy B-14.26 (Attachment D, Housekeeping/Cleaning). The formula for the 10% bleach solution is:
 - a. 8 oz. of powdered bleach to 1 gallon of water
 - b. 12.8 oz. of liquid bleach to 1 gallon of water
 5. Cancel all group healthcare activities (e.g., group therapy) coordinate with unit warden and recommend temporarily canceling other group activities such as church and school.
 6. Post visual alerts (signs and posters) at entrances, in the medical department, and other strategic places providing instruction on hand hygiene, cough etiquette, and symptoms of COVID-19.
 7. Post a sign at the entrance, so that high risk people can elect not to enter the unit if COVID-19 occurs (Attachment D).
- B. Evaluate the need to minimize offender movement:
 1. Offenders stay in housing areas.
 2. Offenders may use dayrooms in housing areas.
 3. Offenders may go to the dining hall, work, commissary, recreation, etc., if they do not mingle with offenders from other housing areas during the process. They must be escorted when leaving the housing area.

4. Contact visitation is suspended.
 5. Minimize transfer of offenders between units
 6. Advise unit food captains to eliminate self-serve foods in chow halls.
- C. Influenza vaccination: During influenza season, vaccination against influenza is an important measure to prevent an illness that presents similarly to COVID-19. If there is influenza vaccine available; offer it to unvaccinated staff and offenders.
- D. Evaluate the need to limit entrance to essential staff only. If possible, staff should be assigned to a single facility, with limited assignments to other facilities only when necessary to provide essential safety, security and services.
- E. Incorporate questions about new onset of COVID-19 symptoms into assessments of all patients seen by medical staff.
- F. Offenders complaining of symptoms consistent with COVID-19 should be triaged as soon as possible. (Attachment E)
1. Ensure facemasks are available at triage for patients presenting with COVID-19 symptoms.
 2. If possible, symptomatic patients should be kept > 6 feet apart from asymptomatic patients.
- G. Offenders with suspected or confirmed COVID-19 as determined by medical should be placed in medical isolation.
1. Offenders should be single-celled (isolated) or cohorted (i.e., co-housed) with other offenders with COVID-19 if they cannot be single celled.
 2. Offenders must wear a surgical mask whenever they leave their isolation cell/housing area.
 3. Offenders should remain in isolation for 7 days after symptom onset and 72 hours after resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g. cough, shortness of breath).
 4. Offenders should **NOT** be transported on a chain bus or MPV except for medical emergencies.
- H. Medical isolation
1. Isolation is for offenders with clinically diagnosed COVID-19 who are potentially infectious.
 2. Isolated offender must be under droplet and contact isolation precautions.
 3. Offenders under isolation must wear a surgical mask if they are required to leave the isolation area.
 4. Isolated offenders must be observed by medical personnel as often as clinically indicated to detect worsening illness or complications, but in any case, must be observed at least once per day.
 5. Isolated offenders may be cohorted (housed together). Each offender's isolation period is independent, so an offender may be released from the isolation area even if other offenders in the area are still under isolation.
 6. Offenders should be isolated for 7 days after symptom onset and 72 hours after resolution of fever without the use of fever-reducing

- medications **and** improvement in respiratory symptoms (e.g. cough, shortness of breath).
 - 7. Offenders in isolation must be fed with disposable trays and utensils. No items will be returned to the kitchen for cleaning or re-use.
 - 8. Laundry items from isolation areas must be handled as contaminated laundry.
 - 9. Staff (correctional and medical) entering an isolation housing area must wear a facemask and gloves. Gowns and/or face protection should be worn if they anticipate direct or very close contact with ill offenders. Personal protective equipment must be removed when leaving the area and hands washed after removal.
- I. All newly arriving offenders including extraditions and those returning from bench warrant or reprieve into TDCJ, including private facilities or intermediate sanction facilities, must be screened by medical staff for symptoms consistent with COVID-19 infection (Attachment F).
- 1. Offenders with positive screening findings will be referred to a provider for further evaluation.
 - 2. Offenders who are medically cleared upon provider evaluation will be released to continue the intake process.
 - 3. Offenders who have been exposed to COVID-19 but who are not yet ill, will be placed under medical restriction for a minimum of 7 days.
 - 4. Offenders with clinically diagnosed or suspected COVID-19 shall immediately have a face mask placed. The offender should be instructed to wash his or her hands. The offender will be isolated under droplet and contact isolation precautions for 7 days after symptom onset **and** 72 hours after resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g. cough, shortness of breath).
 - 5. Medical staff will notify the TDCJ intake security supervisor of all offenders placed under medical restriction or isolation, who will then notify the facility Warden and Classification Department.
 - 6. TDCJ leadership, in coordination with the medical department, will identify an appropriate housing area to assign/cohort all offenders placed on medical restriction and/or isolation.
- J. Medical restriction
- 1. All staff working in medically restricted areas and offenders who are placed in medical restriction, will be educated about early recognition of warning signs and rapid triage of symptomatic patients.
 - 2. Contacts of suspected or confirmed cases should be kept under medical restriction (i.e., quarantine) as a cohort until 7 days after the last exposure to a case for everybody in the cohort. If this is not possible, contacts should have their temperature taken and be questioned about symptoms daily. Every effort should be taken to use medical restriction.
 - 3. Offenders on medical restriction do not have to wear a mask unless they must leave their housing area for some reason. They should be questioned about symptoms of COVID-19 before being taken from the housing area and be kept at least 6 feet from offenders from other housing areas as much as possible.
 - 4. Medically restricted offenders may attend outdoor recreation and shower **as a group. They may attend chow hall as a group** if the facility

- determines it is necessary, but high hand contact areas, benches and tables in the chow hall should be disinfected afterward.
5. Medically restricted offenders may work if their job is essential and they will not mingle with non-medically restricted offenders while working or getting to or from the job location and must be screened for symptoms of COVID-19 at each turnout.
 6. Offenders under medical restriction must be observed at least once per day for the presence of fever or new cough.
 - a. If an offender becomes ill, they must be evaluated by medical staff as soon as practical.
 - b. If the offender is coughing, they should be made to wear a surgical and be kept at least 6 feet from other offenders and staff until they are evaluated by medical.
 - c. If medical determines the ill offender has COVID-19, the offender must be placed in isolation and the other offenders must remain under medical restriction for another 7 days.
- K. Units with offenders with COVID-19 should
1. Institute droplet and contact precautions for offenders with COVID-19.
 2. Ensure that sick offenders do not expose other offenders without COVID-19 while in waiting rooms (consider setting up a separate waiting area for offenders with COVID-19). At a minimum, ensure that offenders with COVID-19 wear surgical masks or sit at least 6 feet from other offenders while waiting to be seen by medical.
 3. Implement daily active surveillance for symptoms of COVID-19 among all offenders and health care personnel until at least 1 week after the last confirmed case occurred.
- L. Ill staff
1. Employees who are sick should stay home and should not report to work.
 2. If employees become sick at work, they should promptly report this to their supervisor and go home.
 3. In general, the timetable for returning to work is 7 days after symptom onset **and** 72 hours after resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g. cough, shortness of breath). Staff should refer to their respective employer's specific procedure for obtaining clearance to return to work.
- M. Security staff will screen all individuals entering the unit.
1. Before individuals enter a TDCJ location, they will have their temperature taken and if a fever is present, the screening form will be completed (Attachment G).
 2. If the individual answers yes to fever question, they will be sent home and will be required to submit a physician's note stating they are clear of any symptoms of COVID-19 before being allowed to return to work.
 3. If no fever is present but answered yes to cough or shortness of breath, the individual should be aware of potentially developing a fever.
 4. If the individual answers yes to being in contact with anyone who tested positive for COVID-19, they will be sent home and not allowed to return to work without providing a physician's note stating they are clear of any COVID-19 symptoms. Notification must also be made to the TDCJ Office of Emergency Management and the TDCJ Deputy Director of

Health Services.

N. Transportation

1. In general, offender transportation must be curtailed, except for movement that is absolutely required, such as for release, bench warrant, medical emergencies, etc.
2. When offenders are transported during these conditions, they must be seated at least 3 feet apart.
3. An offender who is coughing or who is in isolation for COVID-19 must wear a surgical mask during movement from isolation to transport and from the transport to his destination at the receiving facility. These offenders must be transported by ambulance or van. Multiple offenders who are under COVID-19 isolation may be transported in the same vehicle, but no non-isolated offenders (including offenders under medical restriction) may travel with them. Staff must wear facemasks during transport, unless the offender area has separate ventilation from the staff area.
4. After all offenders have disembarked from the transport vehicle, the seats and hand contact areas such as handrails must be cleaned and disinfected.

II. USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

- A. An alcohol-based waterless antiseptic hand rub should be carried by staff and used whenever there is concern that hands have become contaminated. The waterless hand rub may be used when handwashing is unavailable.
- B. Offenders who are required to perform duties for which staff would wear PPE should be provided the same PPE for the job, except they must not have access to the waterless hand rub but must wash hands with soap and water instead.
- C. Goggles or protective face shields should be worn when there is a likelihood of respiratory droplet spray hitting the eyes. Since these items are re-usable, they should be cleaned and disinfected between uses. Hands should be washed before donning or doffing goggles, to prevent inadvertent contamination of the eyes.
- D. Medical and Security Staff should wear surgical masks if their responsibilities require them to remain less than 6 feet from a symptomatic individual or patient suspected with suspected COVID-19.
- E. Mask, gloves, gowns, and eye protection (face shield or goggles) should be worn when examining or providing direct care to offenders with suspected or known COVID-19.
- F. Unless contact offender searches on general population would clearly involve contact with body fluids, gloves are unnecessary and handwashing between each search is adequate.
- G. Gloves may be worn for contact offender searches of medically restricted offenders. Gloves must be worn and changed between each search for contact searches on isolated offenders.

PPE to Use While Caring for Patients with Suspected or Confirmed COVID-19			
Setting	Rooming Procedure	Staff PPE	Symptomatic Offender Requirement
Clinic	Normal	<ul style="list-style-type: none"> Gloves Gown Eye protection (face shield or goggles) Surgical facemask or fit-tested N-95 respirator (only if surgical facemask is unavailable) 	Surgical facemask
Infirmery	Normal	<ul style="list-style-type: none"> Gloves Gown Eye protection (face shield or goggles) Surgical facemask or fit-tested N-95 respirator (only if surgical facemask is unavailable) 	Surgical facemask
Isolation Unit	Normal	<ul style="list-style-type: none"> Gloves Surgical facemask or fit-tested N-95 respirator (only if surgical facemask is unavailable) Gowns and/or eye protection (face shield or goggles) should be worn only if anticipate direct or very close contact with ill offenders 	Surgical Facemask
Transport Van	Normal	<ul style="list-style-type: none"> Gloves Surgical facemask or fit-tested N-95 respirator (only if surgical facemask is unavailable) Gowns and/or eye protection (face shield or goggles) should be worn only if anticipate direct or very close contact with ill offenders 	<ul style="list-style-type: none"> Surgical facemask Not transported on a chain bus or MPV except for medical emergencies
Procedural Setting (e.g., nebulizer high-flow oxygen, ventilation, intubation)	Negative Pressure Room	<ul style="list-style-type: none"> Gloves Gown Eye protection (face shield or goggles) Fit-tested N-95 respirator 	Surgical facemask

III. DIAGNOSTIC TESTING

- A. Health care providers must contact the TDCJ Office of Public Health if they feel testing should be considered. The TDCJ Office of Public Health will determine if patients meet the criteria for testing.
- B. Diagnostic testing should be prioritized based on clinical features and epidemiologic risk.

Clinical Features	&	Epidemiologic Risk
Fever ¹ or signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)	AND	Any person, including health care workers, who has had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset
Fever ¹ and signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)	AND	A history of travel from affected geographic areas within 14 days of

		symptom onset OR An individual(s) with risk factors that put them at higher risk of poor outcomes
Fever ¹ and signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	AND	No source of exposure has been identified

1. Fever may be subjective or confirmed

2. Adapted Texas DSHS guide to testing

- C. Instructions for ordering and specimen collection must be followed (Attachment H).

IV. REPORTING

- A. Daily reporting of COVID-19 to the TDCJ Office of Public Health (Public.Health@tdcj.state.tx.us or 936-437-3572) is required.
- B. Each unit must report a report (Attachment I).
1. The daily COVID-19 log should be sent by 9:00 AM. The list is only for the 24-hour period ending at 6AM that morning. Units may submit logs over the weekend or may submit three logs on Monday morning.
 2. Reporting should continue until 2 weeks has lapsed since the last case.
 3. In addition to identifying the submitting unit, the log should give totals for number of offenders and staff with suspected or confirmed COVID-19 and provide detailed information on offenders for whom specimens were submitted.
 4. The subject line of the email should include, “[Unit] Name, COVID-19 Log, and the Date Sent (MM /DD /YYYY).”

V. CLINICAL MANAGEMENT

- A. Record proper diagnosis in the electronic health record for suspected COVID-19.
- B. There is no approved vaccine for COVID-19.
- C. There are currently no antiviral drugs licensed by the FDA to treat COVID-19.
- D. There is currently no FDA-approved post-exposure prophylaxis for people who may have been exposed to COVID-19.
- E. Most cases of COVID-19 only require usual supportive care with fluids, analgesics and rest. Acetaminophen (i.e. Tylenol) is the preferred antipyretic for treating fever in non-allergic COVID-19 patients considering its efficacy and safety. Ibuprofen may be considered. However, remember its potential for renal (i.e. kidney) adverse effects. Recent reports suggest Ibuprofen may worsen the course of COVID-19. However, this is still theoretical and under investigation. Corticosteroids are not recommended unless they are indicated for another reason (e.g., COPD exacerbation).
- F. Signs suggesting the need for a higher level of care include, but are not limited

to, difficulty breathing, bluish lips or face, persistent pain or pressure in the chest, and new confusion or inability to arouse.

- G. Clinical management for more severe cases is focused on supportive care of complications, including advanced organ support for respiratory failure.
- H. Offenders who are suspected of having COVID-19 must be placed in medical isolation. Laboratory proof is not required for isolation. The diagnosis of COVID-19 should be made on a clinical basis and testing performed only as outlined above.
- I. Adherence to strict infection control measures must always be observed. Cases in an inpatient setting must be under droplet and contact isolation (see Infection Control Policy B-14.21).

REFERENCES

1. Centers for Disease Control and Prevention. Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings. Available at https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html
2. Centers for Disease Control and Prevention. Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19). Available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>
3. Texas Department of State Health Services. Interim Criteria to Guide Testing of Persons Under Investigation (PUIs) for Coronavirus Disease 2019 (COVID-19). Available at <https://www.dshs.state.tx.us/coronavirus/healthprof.aspx>

Attachment A

**What is coronavirus disease 2019 (COVID-19)?**

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China.

Can people in the U.S. get COVID-19?

Yes. COVID-19 is spreading from person to person in parts of the United States. Risk of infection with COVID-19 is higher for people who are close contacts of someone known to have COVID-19, for example healthcare workers, or household members. Other people at higher risk for infection are those who live in or have recently been in an area with ongoing spread of COVID-19. Learn more about places with ongoing spread at <https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html#geographic>.

Have there been cases of COVID-19 in the U.S.?

Yes. The first case of COVID-19 in the United States was reported on January 21, 2020. The current count of cases of COVID-19 in the United States is available on CDC's webpage at <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>.

How does COVID-19 spread?

The virus that causes COVID-19 probably emerged from an animal source, but is now spreading from person to person. The virus is thought to spread mainly between people who are in close contact with one another (within about 6 feet) through respiratory droplets produced when an infected person coughs or sneezes. It also may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads. Learn what is known about the spread of newly emerged coronaviruses at <https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html>.

What are the symptoms of COVID-19?

Patients with COVID-19 have had mild to severe respiratory illness with symptoms of

- fever
- cough
- shortness of breath



CS-174057-4 05/05/2020

What are severe complications from this virus?

Some patients have pneumonia in both lungs, multi-organ failure and in some cases death.

How can I help protect myself?

People can help protect themselves from respiratory illness with everyday preventive actions.

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.

If you are sick, to keep from spreading respiratory illness to others, you should

- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.

What should I do if I recently traveled from an area with ongoing spread of COVID-19?

If you have traveled from an affected area, there may be restrictions on your movements for up to 2 weeks. If you develop symptoms during that period (fever, cough, trouble breathing), seek medical advice. Call the office of your health care provider before you go, and tell them about your travel and your symptoms. They will give you instructions on how to get care without exposing other people to your illness. While sick, avoid contact with people, don't go out and delay any travel to reduce the possibility of spreading illness to others.

Is there a vaccine?

There is currently no vaccine to protect against COVID-19. The best way to prevent infection is to take everyday preventive actions, like avoiding close contact with people who are sick and washing your hands often.

Is there a treatment?

There is no specific antiviral treatment for COVID-19. People with COVID-19 can seek medical care to help relieve symptoms.

For more information: www.cdc.gov/COVID19

Attachment B

Stop Germs! Wash Your Hands.

When?

- After using the bathroom
- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone at home who is sick with vomiting or diarrhea
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage



How?



Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.



Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.



Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.



Rinse hands well under clean, running water.



Dry hands using a clean towel or air dry them.

Keeping hands clean is one of the most important things we can do to stop the spread of germs and stay healthy.

LIFE IS BETTER WITH

CLEAN HANDS



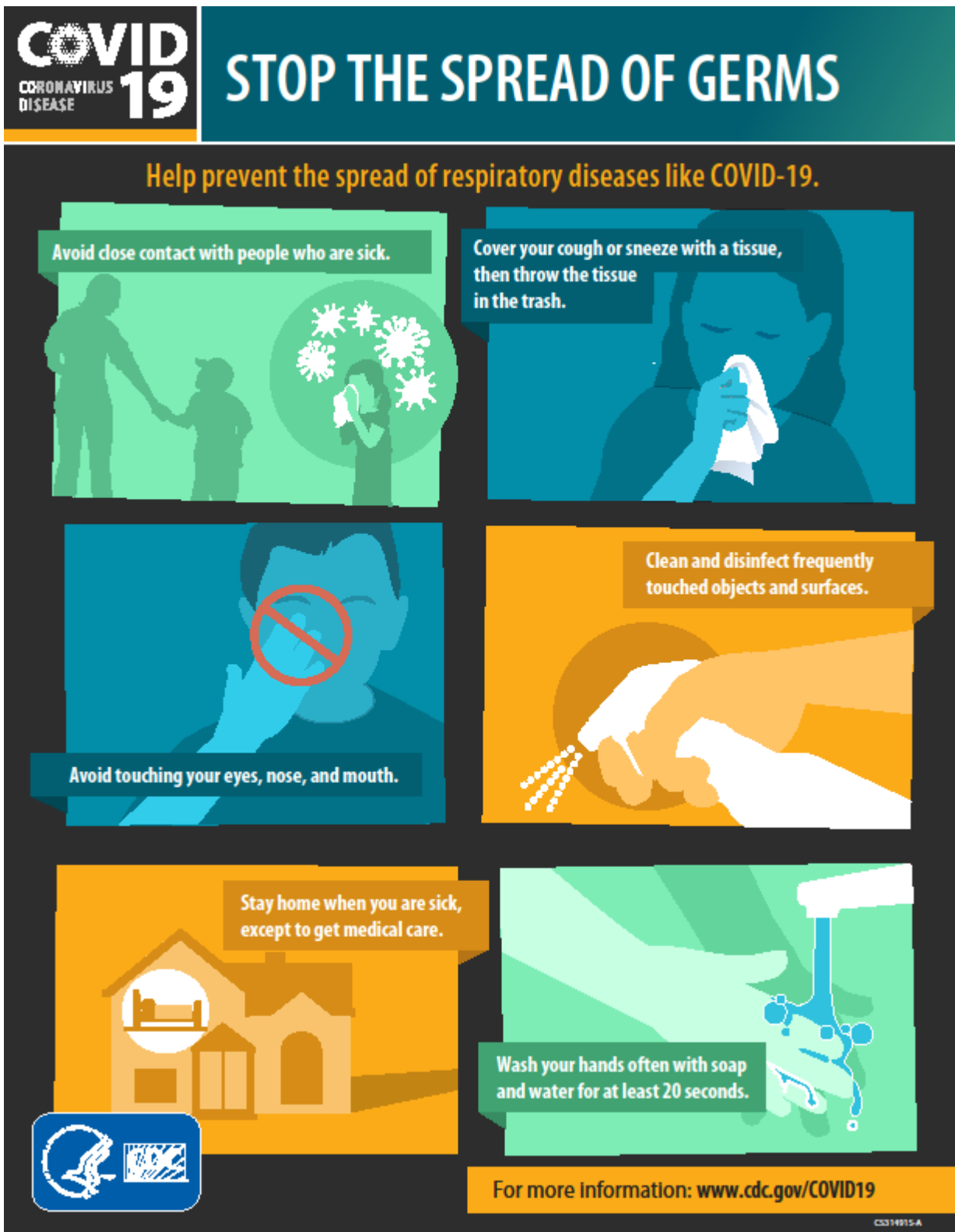
www.cdc.gov/handwashing



This material was developed by CDC. The Life Is Better with Clean Hands Campaign is made possible by a partnership between the CDC Foundation, GOJO, and Staples. HHS/CDC does not endorse commercial products, services, or companies.

CS310027-A

Attachment C



Attachment D

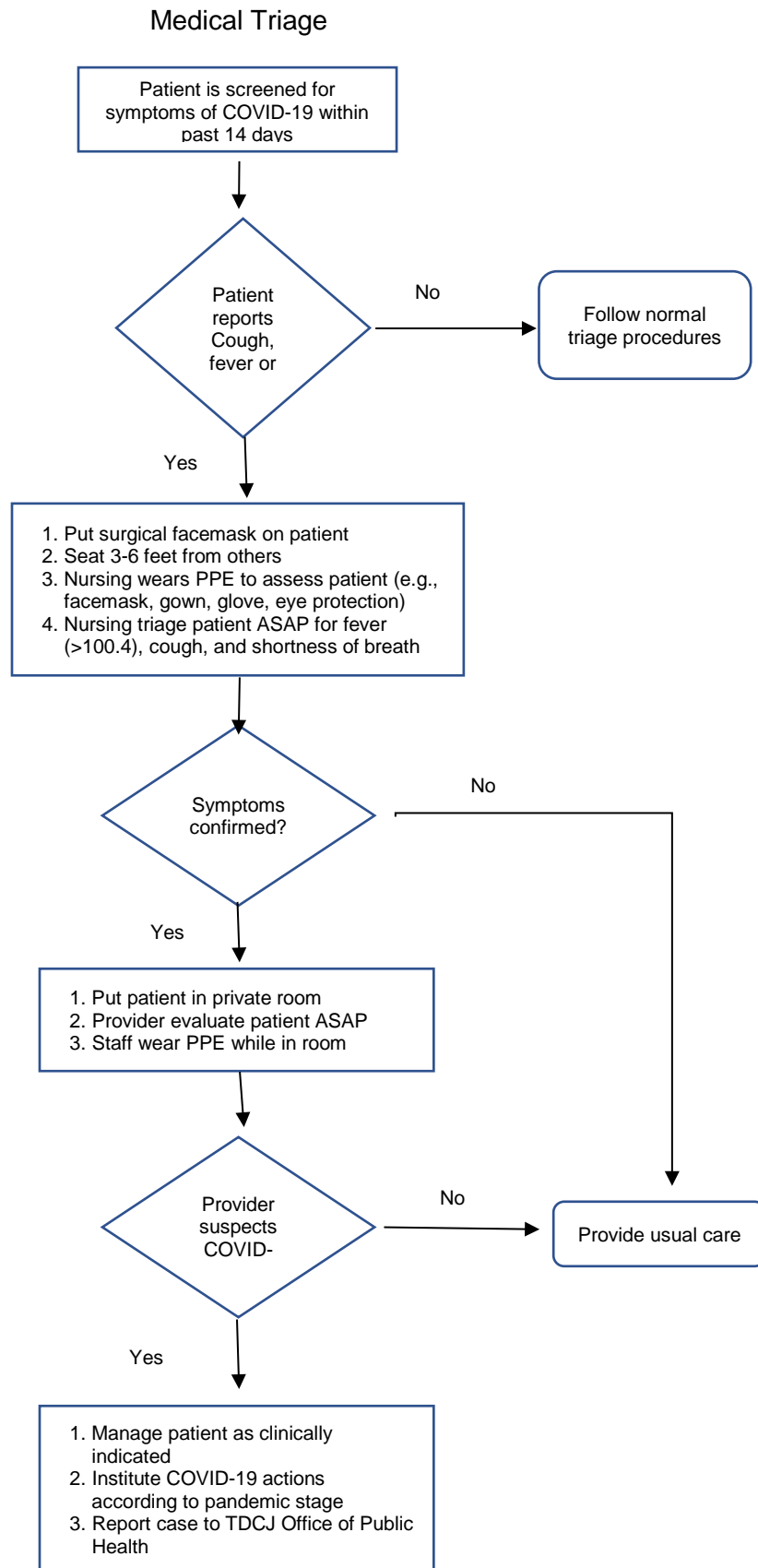
Employees and Visitors

WARNING

We are currently having cases of COVID-19 on this facility. This virus can cause severe disease in older adults 65 years and older and people with medical issues such as heart disease, diabetes, high blood pressure, cancer or weakened immune systems. If you are a member of one of these high-risk groups, you may not want to enter the unit at this time. If you do choose to enter the unit, you should observe the following precautions:

- Try to stay 6 feet away from other people as much as possible.
- Avoid shaking hands, hugging or touching surfaces that get a lot of hand contact.
- Wash your hands often
- Avoid touching your eyes, nose or mouth without washing your hands before and afterward.

Attachment E



Attachment F

**CORRECTIONAL MANAGED CARE
COVID-19 Health Screening Intake Form**

Date: _____

Patient Name: _____

DOB: _____

Facility: _____

1. Temperature: Above 100.4F? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Cough? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, date of onset:
3. Shortness of breath? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, date of onset:
4. Had contact with anyone with fever, cough or shortness of breath in the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES to any question, place a surgical mask on the patient and separate from the rest of the intake group for additional screening and orders.

Nurse's Signature _____

Date _____

Attachment G

Texas Department of Criminal Justice

COVID-19 Health Screening Form

Before any individual enters a TDCJ location, they will have their temperature taken and if a fever is present, the screening form must be completed. This health screening form is an important first step to assist staff in maintaining the safety and health of TDCJ employees and offenders.

Clearly **PRINT** information below:

Name: _____ Birthdate (mm / dd): _____

Has the individual:

		Date Range
Traveled internationally in the last 30 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes when?
*Had contact with anyone who tested positive for COVID-19 in the last 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes when?

Does the individual have:

		Result
Fever above 100.4F?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, temperature?
Cough?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Shortness of breath?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If the individual answers yes to fever question, they will be sent home and will be required to submit a physician's note stating they are clear of any symptoms of COVID-19 before being allowed to return to work. If no fever is present but answered yes to cough or shortness of breath, the individual should be aware of potentially developing a fever.

**If the individual answers yes to being in contact with anyone who tested positive for COVID-19, they will be sent home and not allowed to return to work without providing a physician's note stating they are clear of any COVID-19 symptoms. Also, notification will need to be made to the Melissa Kimbrough, Office of Emergency Management and Chris Black Edwards, Deputy Director Health Services.*

Staff completing COVID-19 Health Screening Form:

Name: _____ Date: _____

CONTACT INFORMATION:

Melissa Kimbrough, Emergency Management Coordinator
936-437-6038 (Office)
936-581-9848 (State Cell)
melissa.kimbrough@tdcj.texas.gov

Chris Black-Edwards, Deputy Director Health Services
936-437-4001 (Office)
chris.black-edwards@tdcj.texas.gov

Attachment H

COVID-19 Testing for Units**Note: Requires pre-authorization from the TDCJ Office of Public Health prior to placing the order.****1. Units Designated for Testing by Galveston Laboratory:**

The test is available in the EMR under **CORONAVIRUS COVID-19 TESTING (COVID19)**. The viral culture collection kit is available from the CMC Medical Warehouse (stock # 495-38-15427-6).

Test name and code:	COVID-19 (Test code: 8000101424) Note: Order as “ Miscellaneous ” and add comment: “ COVID-19 ARUP ” The interface for the test will be available within 1 week to facilitate direct orders.
Collect:	Nasopharyngeal swab. Place in one collection tube (redtop viral transport tube).
Specimen Preparation:	Place in viral transport media (ARUP Supply #12884). Available through Ms. Judy Mitchell at (409) 772-9247 . Place each specimen in an individually sealed bag. Also, acceptable: Media that is equivalent to viral transport media or universal transport media.
Storage/Transport Temperature:	Acceptable Conditions: Frozen
Unacceptable Conditions:	Specimens not in viral transport media.
Remarks:	Specimen source required. Submit only one specimen per patient.
Stability:	Ambient: Unacceptable; Refrigerated: 4 days; Frozen: 1 month

2. Units Designated for Testing by Quest Diagnostics:

Staff must manually order the test. Each unit should have the paper ordering forms. The test should be ordered on its own dedicated requisition and not combined with any other test. National test code is 39433. It is not a STAT test and a STAT pick-up cannot be ordered. Test results are typically available 3-4 days from the time of specimen pick-up and may be impacted by high demand.

Test name and code:	SARS-CoV-2 RNA, RT PCR
Collect:	Preferred Specimen(s): One (1) nasopharyngeal swab collected in a multi microbe media (M4), V-C-M medium (green-cap) tube or equivalent (UTM). Also acceptable: 0.85 mL bronchial lavage/wash, nasopharyngeal aspirate/wash, sputum/tracheal aspirate sample in a plastic sterile leak-proof container
Specimen Preparation:	Place in multi microbe media (M4), V-C-M medium (green-cap) tube, or equivalent (UTM).

	It is acceptable to place both an NP and an OP swab at the time of collection into a shared media transport tube. Do not combine other specimen sources. Also, acceptable: Plastic sterile leak-proof container.
Storage/Transport Temperature:	Transport refrigerated (cold packs) to local Quest Diagnostics accessioning laboratory.
Unacceptable Conditions:	Specimens not in viral transport media. Calcium alginate swab • Cotton swabs with wooden shaft • Received refrigerated more than 72 hours after collection • ESwab • Swabs in Amies liquid or gel transpo
Remarks:	Order SARS-CoV-2 RNA, RT PCR separately from other tests - on a separate requisition and place each transport tube with paperwork into its own sealed bag. The SARS-CoV-2 test will be prioritized if submitted on a shared requisition. One specimen transport tube will be tested per order. It is acceptable to place both an NP and an OP swab at the time of collection into a shared media transport tube. Do not combine other specimen sources.
Stability:	Ambient: Unacceptable; Refrigerated for up to 72 hours or Frozen at -70°C

3. Texas Tech Units Designated for Testing by LabCorp

The test is available in the EMR under “2019 Novel Coronavirus (CoVID-19), NAA”. Contact your Facility Health Administrator if you are in need of additional culture collection kits.

Test Name and Code:	COVID-19 – Test Code 139900
Collect:	Nasopharyngeal or Oropharyngeal swab, placed and transported in Universal Transport Medium (UTM).
Specimen Preparation:	Universal Transport Medium (UTM) with included swabs, specimen label and biohazard bag are needed. Follow instructions published by LabCorp regarding OP and NP specimen collection for COVID-19 testing.
Storage/Transport Temperature:	Samples/specimens should be shipped frozen due to limited stability at 2°-8° C. Refrigerated swabs submitted within 72 hours will be accepted.
Unacceptable Conditions:	Swabs with calcium alginate or cotton tips; swabs with wooden shafts; refrigerated samples greater than 72 hours old; room temperature specimen submitted; improperly labeled; grossly contaminated; broken or leaking transport device; collection with substances inhibitory to PCR including heparin, hemoglobin, ethanol, EDTA concentrations >0.01M.
Remarks:	Submit separate frozen specimens for each test requested. Submit COVID-19 test on one requisition with test code 139900.
Stability:	Ambient: Unacceptable; Refrigerated: 72 hours
Turnaround Time:	Current turnaround time for COVID-19 testing is estimated between 3-4 days and may be impacted by high demand.

4. Montford Testing

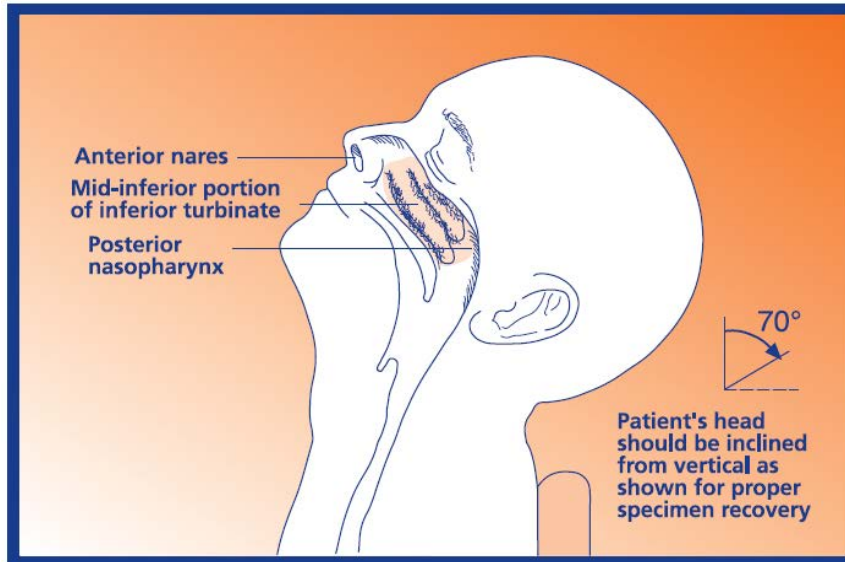
******Contact Lisa Wilson, Carrie Culpepper, or Mike Parmer******

Fill out health screening form and await approval from TDCJ Office of Public Health to proceed. This test will be sent to UMC as a reference test. **CORONAVIRUS COVID-19 TESTING (COVID19)**

Test name and code:	SARS-CoV-2 (Test code: 39433) aka COVID-19 **Order on UMC paper requisitions**
Collect:	Nasopharyngeal swab (Use Xpert® Nasopharyngeal Sample Collection Kit---in lab). Ensure swab is broken off and left in liquid media.
Specimen Preparation:	<ul style="list-style-type: none"> • Refer to Nasopharyngeal Collection Below • Ensure swab is broken off and left in liquid media. • Place each specimen in an individually sealed bag.
Storage/Transport Temperature:	Acceptable Conditions: Refrigerated (2-8° C)
Unacceptable Conditions:	Specimens not in viral transport media.
Remarks:	Specimen source required. Submit only one specimen per patient.
Stability:	Ambient: Unacceptable ; Refrigerated: 3 days
Remarks:	Order SARS-CoV-2 RNA, RT PCR separately from other tests - on a separate requisition and place each transport tube with paperwork into its own sealed bag. The SARS-CoV-2 test will be prioritized if submitted on a shared requisition. One specimen transport tube will be tested per order. **Stat Delivery**

5. Nasopharyngeal swab method

- Insert swab into one nostril
- Rotate swab over surface of posterior nasopharynx
- Withdraw swab from collection site; insert into transport tube
- Repeating procedure for the second nostril will deliver optimal combined sample
- After collection, wipe own outside of tube with a disinfectant wipe and doff gloves
- Perform hand hygiene and don new gloves
- Place in a biohazard bag and close
- It is not a STAT test and STAT pickup should not be ordered
- Transport specimen to the laboratory for testing. If transport will be delayed, place specimen in the refrigerator.



Attachment I

COVID-19 LOG

Unit Name: _____

Report for new-onset (not cumulative) patients with COVID-19 for 24-hour period beginning 6AM ____/____/____ to 6AM ____/____/____

Date* sent: ____/____/____

Number of offenders with ILI in 24-hour period: _____

Number of staff with ILI in 24-hour period: _____

Fax: 936-437-3572

Email: Public.Health@tdcj.state.tx.us

Demographics						Symptoms			Lab Specimen Information		
List of Offenders for Whom Lab Specimens were Submitted (Last, First)	TDCJ #	Housing Location (e.g., dorm, cell block)**	Bed Location**	Work Assignment**	Onset Date	Temperature > 100.5 (Y/N)	Cough (Y/N)	Shortness of Breath (Y/N)	Name of Laboratory to which the Specimen was Submitted (e.g., UTMB, Quest)	Collection Date	Result

* On Monday morning, send 3 logs (one for each 24-hour period ending at 6AM)

** At symptom onset